

## NHS GRAMPIAN

**A meeting of Grampian NHS Board will be held in Open Session on  
Tuesday 12 June 2012 from 10.00am  
Caroline/Rosemount Rooms, CLAN House, 1<sup>st</sup> floor, Westburn Road, Aberdeen**

### AGENDA

Approx Timing	Item	Lead	Ref
10.00	1 Apologies	BH	#
10.02	2 Verbal updates <ul style="list-style-type: none"> <li>• Chairman</li> <li>• Chief Executive</li> </ul>		#
10.10	3 Minute of Meeting held on 3 April 2012	BH	*
10.12	4 Matters Arising	BH	#
10.15	5 Quality – Person Centred, Safe and Effective		
	5.1 Patient Story	ES	#
	5.2 Strategic Review of Maternity Services including: <ul style="list-style-type: none"> <li>• Maternity Review proposals</li> <li>• Report on formal consultation process (relates to Strategic Risk 810)</li> <li>• Report from Scottish Health Council</li> </ul>	ES	*
11.15	Comfort Break		
11.25	6 Modernisation (Property and Asset Management)		
	6.1 Property and Asset Management Plan 2012 - 2021 (relates to Strategic Risk 855)	AG	*
	6.2 Initial Agreement - ARI Reconfiguration	GS	*
	6.3 Outline Business Case - Replacement Linear Accelerator Project (Phase 2) (Appendices available on request)	GS	*
12.25	7 Public Health		
	7.1 Joint Health Protection Plan 2012-2014	LR	*
	7.2 Immunisation Programmes Annual Report 2010/11	LR	*
12.40	8 Corporate Governance		
	8.1 Performance Governance		
	8.1.1 Performance Governance Committee Report	BH	*
	8.1.2 Healthcare Associated Infection Report	RD	*

\* Attached

# Verbal

\*\* Available on request

Approx Timing	Item		Lead	Ref
12.50	8.2	Staff Governance		
	8.2.1	Staff Governance Report	MS	*
	8.2.2	Workforce Plan (relates to Strategic Risks 859 and 1134) **	AI	*
	8.2.3	Grampian Area Partnership Forum Report	SD	*
13.15	8.3	Area Clinical Forum Report	LJ	*
13.20	8.4	Clinical Governance Committee Report	CM	*
13.25	8.5	Endowment Committee Report	RB	*
13.30	8.6	Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	LG	*
13.35	9	Items for Noting 2012	BH	
	9.1	Area Clinical Forum – 29 February		*
	9.2	Area Partnership Forum – 15 March and 19 April		*
		Approved Minutes 2011/2012		
	9.3	Clinical Governance Committee – 24 February		*
	9.4	Performance Governance Committee – 16 March		*
	9.5	Aberdeen City CHP – 8 February		*
	9.6	Patient Focus and Public Involvement Committee – 8 February		*
	9.7	Spiritual Care Committee– 3 February		*
	9.8	Staff Governance Committee – 20 March		*
	9.9	North of Scotland Planning Group – 29 February		*
	9.10	Aberdeenshire CHP - 14 December 2011		*
	9.11	Moray CH&SCP – 16 September 2011		*
		Chief Executive Letters		
	9.12	Chief Executive Letters received since 3 April 2012		*
13.40	10	AOCB		#
13.45	11	Dates of Next Meetings		#
		Tuesday 7 August 2012 (Meeting)		
		Tuesday 4 September 2012 (Seminar)		

Laura Gray  
Board Secretary  
5 June 2012

Apologies to:  
Lesley Hall, Assistant Board Secretary  
01224 558600 ext 58600  
[lesleyb.hall@nhs.net](mailto:lesleyb.hall@nhs.net)

\* Attached

# Verbal

\*\* Available on request

**Strategic Review of Maternity Services  
Public Consultation Analysis and Recommendations**

## **Aim**

The aim of this paper is to present to Grampian NHS Board the analysis of the public consultation on proposed changes to maternity services in Grampian. Having taken account of the responses to the consultation, it also contains the final recommendation for the Board's consideration.

## **Strategic Context**

NHS Grampian has been undertaking a review of maternity services across Grampian in the context of the Health and Care Framework and is one of the "pathfinder" projects in the Health and Care Framework review.

The "Refreshed Framework for Maternity Care", "Reducing Antenatal Health Inequalities: Evidence into Action Outcome Focused Guidance" and the "Improving Maternal and Infant Nutrition: A Framework for Action" were launched in January 2011 by the Scottish Government. These documents have influenced the thinking behind the maternity services review and the outcome.

The NHS Scotland Quality Strategy was launched in May 2010 with its key themes around person-centred, safe and effective care and these principles are woven throughout the review.

## **Discussion**

### Background

1. A review of the NHS Grampian maternity service began 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.
2. At its December 2010 meeting the Board accepted a report from the Strategic Review of Maternity Services and:
  - approved the draft NHS Grampian Maternity Strategy 2010 – 2015 "The Best Possible Start in Life".
  - agreed to an Option Appraisal being conducted and the timescale for this.
  - noted the continuing progress in implementing improvements agreed through the review, and alignment of those actions to the above strategy.
3. The proposals that went out to formal consultation were developed by a group of women, clinicians and managers who took part in the Option Appraisal. The group considered different ways the service could be provided. After a comprehensive process, the overwhelming majority agreed a preferred option. A follow up process was undertaken to ensure a systematic approach was taken to review the best possible proposed locations for the Community Maternity Units (CMUs) in Grampian.

4. At its December 2011 meeting, the Board received a report detailing the outcome of the option appraisal (including CMU proposed locations) and gave its approval for a formal public consultation on the proposed changes to be conducted.
5. The public consultation ran from 9<sup>th</sup> December 2011 to 22<sup>nd</sup> March 2012 and used a range of methods to gather views: a postal and online survey; open comments; public meetings across Grampian, attendance at relevant committees and groups, discussion groups with women and briefing sessions with maternity staff.
6. The Scottish Health Council has quality assured the consultation process and is satisfied that NHS Grampian has followed the Scottish Government's CEL (4) (2010) guidance on involving local people in service change.

### Current Service Provision

7. 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.
8. The maternity service provides care and treatment from a range of units and locations across Grampian including:
  - Two Consultant Units: one in Aberdeen and one in Elgin
  - Two Midwife Led Units: one in Aberdeen and one in Peterhead
  - Two Birth Units: one in Aboyne and one in Fraserburgh (Banff Birth Unit has been closed since August 2009)
  - A home birth service
  - Community midwifery teams
  - Scanning & screening services and community based consultant clinics<sup>1</sup>.

### Why change is needed

9. 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 as well as women from Orkney, Shetland, Highland and Tayside who need specialist care at Aberdeen Maternity Hospital.
10. The proposed changes aim to ensure resources (staff, budget and buildings) are used more fairly, effectively and efficiently.
11. 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
  - Providing the same quality of care and treatment
  - Providing a safer and more sustainable service
  - Providing care closer to home, where appropriate
  - Providing care in suitable and pleasant surroundings

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<sup>1</sup> Community based consultant clinics (referred to as consultant outreach clinics in consultation papers).

## Proposed Service Provision

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

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

13. The finalised proposals have been equality and diversity impact assessed in accordance with NHS Reform (Scotland) Act 2004.

### 14. Capital Implications

**Aberdeen Maternity Hospital:** The need to replace the Maternity Hospital has been recognised by NHS Grampian for some time and a new location for the facilities has been identified next to the Children's Hospital on the Foresterhill Campus. This has been done as part of the Foresterhill masterplanning process. The masterplan – described as the Foresterhill Development Framework – has been approved by the Aberdeen City Council Planning Department and the configuration of the new facilities will be influenced by the outcome of the Maternity Services Review i.e. a separate CMU will be included, and the facilities will be very close and physically linked to specialist services at Aberdeen Royal Infirmary and the Children's Hospital. A replacement Maternity Hospital will be a significant investment and will be included in the next stage of major infrastructure investment at Foresterhill between 2020 and 2025.

In the short term work will be done on the following areas:

- Theatres: £500,000 has been allocated in the capital programme for 2012/13 for the provision of an additional theatre to address the capacity and standard of the facilities
- Community Maternity Unit: Planning will be undertaken in the current financial year to assess how the existing accommodation can be re-organised to provide a Community Maternity Unit (CMU) within the existing facilities

**Peterhead Community Hospital:** The need to improve facilities at Peterhead Community Hospital is acknowledged and the planning of this will also be done during 2012/13. This will include the provision of a birthing pool and the relocation of the pool from Fraserburgh Community Hospital will be investigated.

**Inverurie:** The creation of a CMU at Inverurie is acknowledged as a high priority by NHS Grampian. A range of options for delivering a CMU service will be considered during 2013/14 and provision will be made in the asset plan during 2014/15 with the aim of starting a service. This planning will be done in the context of how Inverurie Community Hospital as a whole will be reshaped building on the Inverurie pathfinder work done as part of the Health and Care Framework process. The options for the creation of a CMU will also be included planning for improved facilities for the Inverurie Health Centre as some of the options for the Health Centre may include development on the hospital site.

## 15. Revenue Implications.

There are minimal revenue implications for the proposed changes. The budget revenue in 2010/11 was £16.8m although the actual revenue was £17.2m. The budget revenue for the proposal is £16.6m

## 16. Workforce.

Staff and partnership representatives have been involved throughout the review. The main implication for the workforce is the move to Integrated Teams that is described more fully in the Proposal Paper.

### Consultation results

Following analysis of the responses received to the consultation, the results show there was a high level of support for the overall aims and many of the specific aspects of the proposals; and help evidence the need for the service to change. However, there were other aspects of the proposals where opposition or concern was expressed, further clarity or reassurance was sought, or views were split. These were:

- Removal of Birth Units from local communities.
- Proposed locations of Community Maternity Units.
- Removal of scanning and consultant outreach services from Huntly.
- Transport and access issues.
- Lack of clarity about home birth service provision.
- How improvements will be made at Aberdeen Maternity Hospital; with widespread recognition of workload pressures at AMH.
- Availability of capital funding and a timeline for implementation.

Having fully considered the results, the Maternity Services Review Leadership Group:

- Has provided further information and clarity to the main questions and concerns raised during the consultation (please refer to Report of Consultation and Discussion Section of Proposals Paper).
- Will ensure the views, experiences and suggestions of women and families inform the wider maternity review (not subject to consultation) e.g. antenatal care and education; postnatal care (including how the routine transfer policy is implemented).
- Recognises that views were split about the proposed Birth Unit closures and the location of the proposed CMUs.
- Considers that the proposed service is the best way to meet the challenges facing the service currently, will better meet the needs of more women and families and help to reduce health inequalities.
- Recommends no substantial change to the proposals; this would mean closing two Birth Units (third Unit in Banff is not operational); developing the existing Midwife Led Units in Aberdeen and Peterhead into Community Maternity Units and developing a third CMU in Inverurie.
- Acknowledges that if the proposals are approved, there will be a loss of local, highly valued labour and birth facilities in Aboyne and Fraserburgh.
- If approved, is committed to continuing to engage with staff, women and local communities in the implementation of the proposals.

## **Key Risks**

The maternity proposals constitute major service change and Ministerial approval is required. Ensuring that the Government has all the feedback received during such a full consultation process and that time is taken to respond in detail to requests for clarification or further information could lead to a delay in implementation.

Lack of availability of capital funding: this could be mitigated by adopting a phased approach to implementation and by creating synergies with other developments.

Strategic Risk 610 (Not fully involving others with change): Areas of Aberdeenshire may not agree with the proposals and this may lead to public and political discontent. This has been mitigated to date by having an inclusive engagement and consultation process but some risk remains following any Board decision.

Strategic Risk 853 (Patient Safety is compromised and is not evidenced in practice): If NHS Grampian does not address the significant challenges that the review has identified, then safe, sustainable services may be compromised.

## **Conclusion**

NHS Grampian has been reviewing maternity services with extensive input from clinicians, lay representatives and managers since April 2010. The shared vision for Grampian is one where all maternity related services and communities work closely together to support women and families give their children the best possible start in life. To support the realisation of this vision, a robust Option Appraisal regarding the configuration of services was completed and a preferred option selected that had significant support from the Option Appraisal Group, the Leadership Group and the Senior Management Team. This preferred option was consulted on and the feedback is contained in the supporting papers. It is important that the strength of feeling about the closure of the birth units, based on positive personal experiences, is set in the context of the wider ranging benefits that will result from the approval of the full set of proposals. Balancing personal views and strength of feeling from local communities, with the benefits that accrue from a portfolio of proposals is one of the most difficult components of consultation exercises, but it is fundamentally important that the dependency on delivering the package of proposals rather than parts of them is recognised.

It is now proposed that the Board supports the original proposal that was consulted on with no substantial changes.

## **Recommendations**

Grampian NHS Board is asked to:

1. Consider the consultation results.
2. Note the Scottish Health Council's approval of the consultation process.
3. Consider and support the attached full proposal paper.
4. Agree to the submission of the final proposal to the Scottish Government for Ministerial consideration.

## **Executive Lead**

Mrs Elinor Smith, Director of Nursing and Quality

On behalf of the Maternity Review Leadership Group  
June 2012

Supporting papers included

1. Report on Results of Formal Consultation (Laura Dodds)
2. Report on NHS Grampian's Consultation on proposed changes to the Maternity Service (Scottish Health Council)
3. Final Proposal Paper (Jenny McNicol)



# **Strategic Review of Maternity Services**

## **Final Proposals Paper**

**4 June 2012**

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## **1. Introduction**

### **1.1 Aim**

Following consideration of the responses to a formal consultation on proposed changes to the maternity service in Grampian; this paper details the final proposals for consideration by the Board of NHS Grampian. The proposals which were subject to formal consultation form one part of an ongoing wider strategic review of maternity services. The final proposals are subject to Government Ministerial approval.

### **1.2 Strategic Context**

NHS Grampian has been reviewing maternity services across Grampian in the context of the NHS Grampian Health and Care Framework and the review has been one of the Framework's "pathfinder" projects.

The strategic review of maternity services aims to support front line staff to continue to improve the services they provide to women and families. Staff can and do improve many things locally, but some bigger improvements need co-operation from other services or support and approval from the wider organisation. The aims of the review include achieving the following:

- the safest, most effective and person centred approach possible within current resources
- consistent health outcomes irrespective of geography, socio-demographic or other attributes, including the best preparation for children's early years
- care as close to home as possible
- supporting 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
- supporting families to give their babies the best possible start, providing a firm foundation for a long and healthy life.
- a single Grampian wide sustainable service delivering consistent quality in multiple locations

The review seeks to improve maternity services in line with:

The "Refreshed Framework for Maternity Care", "Reducing Antenatal Health Inequalities: Evidence into Action Outcome Focused Guidance" and the "Improving Maternal and Infant Nutrition: A Framework for Action" were launched in January 2011. These national documents have influenced the thinking behind the maternity services review and the outcome.

The NHS Scotland Quality Strategy was launched in May 2010 with its key themes around safe, effective and person-centred care and these principles are woven throughout the review and the finalised proposals.

## 1.3 Consultation

As part of the strategic review of maternity services an option appraisal process was completed in 2011. The proposals were developed by a group of women, clinicians and managers who considered different ways that the service could be provided. Following a comprehensive process a preferred option was agreed. A comprehensive follow up process took a systematic approach to review and recommend the best possible proposed locations for the Community Maternity Units (CMUs) in Grampian.

This preferred option was formally consulted on from December 2011 until March 2012. The table contained in appendix 1 outlines the main differences between the current service and proposals, and the expected benefits of the proposals. The final column in the table lists which elements are subject to formal consultation. Other alternative suggestions put forward during the consultation have been considered and responses to these suggestions are contained in the consultation paper, and where, there was particular concern, have been addressed more fully in Section 4 in this paper. .

## 2. Description of Final Proposals

The proposed service model is a Grampian wide managed service provided from a number of locations. One maternity service that has 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.

The main parts of the proposals are:

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

### 2.1 Consultant Units

**Proposal:** *Continue to provide two Consultant Units. Other aspects of the proposals will lead to improvements in the quality of care and experience for women who need to access these units.*

#### **Consultant Unit - 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. *Under the proposals, this will be developed into a Community Maternity Unit.*
- 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.

### **Consultant Unit - Ward 3, Dr Gray's Hospital, Elgin (Level 2b Unit)**

Ward 3, Dr Gray's Hospital (DGH) 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. The Community Maternity Unit principles are to be fully incorporated in to the service .to fit with the physical environment of a single ward setting. Plans are underway to integrate the hospital and community midwifery teams in West Grampian in line with the 'integrated team' model.

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.

## 2.2 Integrated Community Maternity Teams

**Proposal:** Redesign community teams from current mix of separate and integrated teams to all integrated teams.

Integrated community maternity teams will be developed across Grampian that will be based in, and work closely with, local communities (Appendix 2). With one Grampian-wide service (rather than three separate services), team size and coverage will be developed around natural geographical communities rather than restricted by current historical geographical boundaries. Members of the team will include midwives, Maternity Care Assistants (MCAs) and support staff. They will work in partnership with obstetricians, GPs and the wider health and social care team, to provide care and services to women and families. Community midwives will be based in GP practices (or other local facility) and will continue to provide quality antenatal and postnatal care within their local communities and labour and birth care in the home setting, as they do currently, but they will also be linked with their nearest Community Maternity Unit (Appendix 3). In practice, this will mean all community midwives will spend a proportion of their time providing labour and birth care within a CMU as well as within the home setting (home birth service).

Benefits of integrated community maternity teams include:

- 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, providing women with continuity of care and carer during pregnancy and after giving birth.
- 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.
- Pregnant women with complex health and/or social issues will have local access to antenatal services through community based consultant clinics.
- 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.
- Midwives will be supported to maintain their confidence and skills in all aspects of care, particularly labour and birth.

## 2.3 Community Maternity Units

**Proposal:** Develop three CMUs (by enhancing existing Midwife Led Units in Aberdeen and Peterhead and developing new unit in Inverurie) and stop Birth Unit provision in Aboyne, Banff and Fraserburgh (Banff unit not been operational since August 2009).

Three Community Maternity Units (CMUs) are proposed 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. The CMU will be 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 (Appendix 3).

## **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.

## **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, excessive nausea and vomiting in early pregnancy.
- Community based consultant clinics for women with complex health and/or social issues.
- More specialist community based 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. NHS Grampian has and will continue to develop a range of diagnostic and treatment services to meet the local needs of rural communities and maternity services are committed to continuing this for the benefit of women and families.
- To develop early pregnancy assessment facilities for women with threatened or actual early pregnancy loss.

## **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.

## **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.

## 2.4 Home Birth Service

**Proposal:** *Continue to provide a home birth service. Under the proposals the service will be safer and more sustainable.*

NHS Grampian currently offers a home birth service to all women in Grampian and that will continue. However the proposals will mean that women are offered the option of a home birth by midwives who are more confident with their labour and birth skills (see section 4 for explanation). The evidence currently available suggests that a home birth is as safe as a hospital birth for healthy women having a normal straightforward pregnancy. Women who plan to have their baby at home may be less likely to have a caesarean or interventions such as forceps or an episiotomy. If this is a woman's first baby, they can still have a home birth.

## 2.5 Scanning & screening clinics and Community Based Consultant Clinics across Grampian

**Proposals:** *Continue to provide scanning and screening and community based consultant clinics across Grampian.*

There is an absolute commitment to the provision of scanning and screening clinics and community based consultant clinics across Grampian. However their current locations are historically based and may not be benefiting the greatest number of women and families and using resources effectively. As part of the consultation, views were gathered about the introduction of a consultant clinic into Deeside and relocating clinics from Huntly to Inverurie. It has been recognised by the service that the location and frequency of these clinics requires further work and a systematic approach to reviewing this will be undertaken.

**Scanning and screening clinics** - 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.

**Community Based Consultant Clinics** - 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.

## 2.6 Longer term aim to relocate Aberdeen Maternity Hospital on the Foresterhill Site

Please see capital funding section overleaf

## 3. Revenue and Capital Funding and Timeline for Implementation

There are minimal revenue implications for the proposed changes. The budget revenue in 2010/11 was £16.8m although the actual revenue was £17.2m. The budget revenue for the proposal is £16.6m

If the proposals are approved, there will be a requirement for short, medium and long term capital funding plans to be prepared as follows:

**Aberdeen Maternity Hospital:** The need to replace the Maternity Hospital has been recognised by NHS Grampian for some time and a new location for the facilities has been

identified next to the Children's Hospital on the Foresterhill Campus. This has been done as part of the Foresterhill masterplanning process. The masterplan (described as the Foresterhill Development Framework) has been approved by Aberdeen City Council Planning Department and the configuration of the new facilities will be influenced by the outcome of the Maternity Services Review i.e. a separate CMU will be included, and the facilities will be very close and physically linked to specialist services at Aberdeen Royal Infirmary and the Children's Hospital. A replacement Maternity Hospital will be a significant investment and will be included in the next stage of major infrastructure investment at Foresterhill between 2020 and 2025.

In the short term work will be done on the following areas:

- Theatres: £500,000 has been allocated in the capital programme for 2012/13 for the provision of an additional theatre to address the capacity and standard of facilities.
- Community Maternity Unit: Planning will be undertaken in the current financial year to assess how the existing accommodation can be re-organised to provide a Community Maternity Unit (CMU) within the existing facilities.

**Peterhead Community Hospital:** The need to improve facilities at Peterhead Community Hospital is acknowledged and the planning of this will also be done during 2012/13. This will include plans for the provision of a birthing pool and the possible relocation of the pool from Fraserburgh Community Hospital will be investigated, should the proposals be approved.

**Inverurie:** The creation of a CMU at Inverurie is acknowledged as a high priority by NHS Grampian. A range of options for delivering a CMU service will be considered during 2013/14 and provision will be made in the asset plan during 2014/15 with the aim of starting a service. This planning will be done in the context of how Inverurie Community Hospital as a whole will be reshaped, building on the Inverurie pathfinder work done as part of the Health and Care Framework process. The options for the creation of a CMU will also be included when planning for improved facilities for the Inverurie Health Centre as some of the options for the Health Centre may include development on the hospital site.

### **Timeline for Implementation**

Please see Appendix 4 for a high level implementation plan.

## **4. Discussion on Key Areas Raised During Formal Consultation**

Throughout the consultation, a range of views were expressed, including a lot of support for both the overall aims and for specific aspects of the proposals. The summary table in the Consultation Report provides an overview of the main consultation results and outlines NHS Grampian's responses to these. Where there were particular areas of concern or uncertainty, a fuller response and explanation is provided below:

- 4.1 Home births
- 4.2 Proposed Closure of local Birth Units
- 4.3 Location and number of Community Maternity Units
- 4.4 Location of scanning and screening and community based consultant clinics
- 4.5 Transport and access
- 4.6 Aberdeen Maternity Hospital
- 4.7 Capital Funding and Timeline (See Section 3 above).

## 4.1 Home Births

There were four main questions associated with home births that require further clarification:

**If midwives who currently staff Birth Units find it difficult to maintain their confidence in labour and birth skills, how can the midwives that attend very small numbers of home births achieve this?**

Currently, it is community midwives that provide the home birth service across Grampian. Some of these midwives gain labour and birth experience within a Birth Unit/Midwife led Unit and within the home setting, whilst others only gain that experience in the home setting. As stated during the consultation, staff have highlighted their concerns about their lack of confidence in their labour and birth skills due to infrequent exposure i.e. relatively low numbers of women giving birth in these settings.

To resolve this for *all* community midwives across Grampian it is proposed, through integrated teams, that they will all spend a proportion of their time providing labour and birth care within a CMU (or for West Grampian midwives, at Dr Gray's). This will mean that midwives will significantly increase their exposure to labour and birth due to the number of women that are likely to give birth in the CMUs: we estimate that there will be approximately 1500 total births at the three CMUs and approximately 500 similar low risk births at Dr Gray's. It is these same community midwives who will also then be able to more confidently provide the home birth service.

It is anticipated that this will have a number of benefits for women and their families and also address one of the concerns with the current service that women highlighted during the consultation. The concern was that home birth was not always an option discussed or available to them; with the integrated team approach outlined above, staff will have a greater confidence in their labour and birth skills and will be more likely to offer home birth as a viable option for women.

**If the service is stating that a home birth service can be sustained with small numbers why can the Birth Units, which attract small numbers, not also be sustained?**

To offer both home births and birth in a Birth Unit as an option poses a significant risk to the final proposals. It is not possible to staff a home birth service, Birth Units and develop Community Maternity Units within existing resources. Keeping the Birth Units would seriously affect our ability to review staffing resources and fully develop integrated teams, which in turn would jeopardise the development and viability of the CMUs.

During the Option Appraisal and the consultation, there was widespread recognition that local Birth Units provide high quality and highly valued care. However, it was also widely accepted that the Birth Unit *model* does not meet the needs of women and families, particularly those who require additional support, and is an onerous model for teams, as currently set up, to sustain. The CMU model and proposed locations are an integral part of the proposals and without this, we cannot fully address the significant challenges facing the service, such as meeting the needs of a changing population, reducing health inequalities, providing a service that is the same quality across Grampian and providing a service that is safer and more sustainable.

## **Can the home birth service deal with an increase in demand if the Birth Units close?**

For a number of reasons, the maternity service anticipates that it will be able to cope with any potential increase in demand for home births:

Activity levels at the two operational Birth Units is not high and so, if the units close, any increase in demand from women who would have previously chosen a Birth Unit will be a relatively small number.

The number of women who would choose to give birth at home is likely to be less than those who currently choose a Birth Unit. Although from a professional viewpoint there is very little difference in the care provided to a woman at home or in a Birth Unit, evidence suggests that many women do not share this view. During the consultation, a lot of women indicated that they preferred a hospital birth for a number of reasons including dealing with disruption at home, other children being present and perceptions of risk. Evidence supports the views expressed during the consultation to indicate that, despite what is known; many women's perceptions of risk and issues around safety of a home birth are elevated and influence their choices towards a hospital birth.

NHS Grampian, as a good employer, has a duty of care for the wellbeing of its staff, and to fail in this could have a broader negative impact on safe practice and the quality of the service for women and their families. Currently, the existing small community midwifery teams are fragile to any staff absence and the on-call commitment can often be onerous; despite this, community midwives are highly committed to maintaining the service for women, even in difficult circumstances. The proposal for larger integrated community teams allows for greater scope for sustaining the on-call commitments for home births than currently exists with the small teams that are in place now.

## **Why can women who are booked for a home birth not choose to birth in a community hospital as the midwifery staff are already available to care for them?**

As indicated above, it is likely that the number of women who would choose a community hospital birth as an option would be higher than the number of women requesting a home birth. To provide an equitable service this should be available in a far larger number of community hospitals across Grampian than where Birth Units have historically been. The significant resources that are likely to be required to provide this service would jeopardise the development and viability of the CMUs.

## **4.2 Proposed Closure of Local Birth Units**

The consultation process has led to increased understanding of the challenges facing maternity services and broad (though not universal) support for developing the model of Community Maternity Units. However, there were two main questions about this aspect of the proposals:

### **Have all alternative ways to maintain staff competence and confidence and retain Birth Units been considered?**

This has been a long standing issue which has been explored extensively. Alternative ways to maintain staff competence and confidence have been considered prior to, and during, this process and are not believed to be feasible due to the following factors:

- Rotating community midwives into Consultant Units: evidence suggests that this is not an effective way of learning or updating skills that will benefit community midwives. This is because of the difference in the risk profile of women giving birth in a Consultant Unit (and therefore their requirements for care) when compared to women accessing midwife led labour and birth care.
- Rotating into the Midwife Led Unit at AMH: the current staffing model in the Unit means that community midwives would be unlikely to receive the appropriate clinical supervision and support required to facilitate their development in a meaningful way.
- Maintaining existing services: the on-call commitment required to sustain out of hours services from small community teams limits the flexibility of the team to commit to rotations to other areas whilst maintaining existing services. It is also challenging to recruit to small rural midwifery teams.

The proposals to develop both CMUs and integrated teams allow us to address all of these issues and provide a more sustainable service and one that better meets the needs of a greater number of women than currently.

### **Is it necessary to close the Birth Units to improve the service in other parts of Grampian?**

The CMU model and proposed locations are an integral part of the proposals and without this, we cannot fully address the significant challenges facing the service, such as meeting the needs of a changing population, reducing health inequalities, providing a service that is the same quality across Grampian and providing a service that is safer and more sustainable.

During the Option Appraisal and the consultation, there was widespread recognition that local Birth Units provide high quality and highly valued care. However, it was also widely accepted that the Birth Unit *model* does not meet the needs of women and families, particularly those who require additional support, and is an onerous model for teams, as currently set up, to sustain.

It is important to note that it is estimated only 30-40% of women at the end of pregnancy are eligible to give birth in a midwife led facility and, of those, some choose not to. For the teams that staff a Birth Unit, 85% of the Deeside caseload currently travel to AMH for labour and birth care and 92% of the Banff and Buchan caseload who travel to Dr Grays or AMH for labour and birth care.

Unfortunately, within the resources available, it is not possible to develop and staff Community Maternity Units and retain Birth Units. Given the recognised benefits of the CMU model over the Birth Unit model outlined above, it is necessary to close the Birth Units.

### **Loss to local communities**

Although the volume of opposition to this aspect of the proposals was less than anticipated, and it can be argued that the numbers that will be affected by the proposals are very small when compared to the numbers who will benefit; the strength of feeling about the closures from those who have used the Birth Units should not be underestimated.

Although birth is just one day, it is often seen as the most important day of the whole pregnancy journey, with experiences (positive and negative) of women and their partners during labour and birth staying with them in the days, weeks and months ahead.

Women (and their partners) said they valued the following aspects most about their experience of giving birth in their local Birth Unit: the quality of care; one to one care; continuity of care; care that was individual to their needs; the non-medical, home-like, family friendly environment, the calm and relaxing atmosphere; and the range of facilities - birthing pool, private room, own bathroom.

We fully acknowledge the impact of the loss the proposals will have on the communities in the Aboyne and Fraserburgh areas. But the maternity service has a duty to balance this with considering the needs of all women and families across Grampian, particularly those who require extra care and support, who currently do not receive the consistent quality of care they should. Under the proposals, it will be possible to use staffing resources more flexibly e.g. we are currently considering how to strengthen and support perinatal mental health services and exploring what impact more specialist interest midwifery posts can have.

Due to staffing difficulties, Banff Birth Unit is not operational; illustrating one of the problems with the current service addressed by the proposals. Prior to the temporary closure in August 2009, very small numbers of women chose to utilise this service, only nine women that year. The majority of women in this area were choosing to access Dr Gray's prior to the closure and continue to do so. Very small numbers of women have chosen to travel to Fraserburgh Birth Unit or to have a home birth.

It is important that the strength of feeling about the closure of the birth units, based on positive personal experiences, is set in the context of the wider ranging benefits that will result from the approval of the full set of proposals. Balancing personal views and strength of feeling from local communities, with the benefits that accrue from a portfolio of proposals is one of the most difficult components of consultation exercises, but it is fundamentally important that the dependency on delivering the package of proposals rather than parts of them is recognised.

### **4.3 Location and Number of Community Maternity Units**

Although a lot of support was expressed for the proposed locations of the CMUs, there were also a number of questions about the process used to reach a recommendation; if other locations had been considered and, if so, why they had been discounted; and why there was no proposal for a CMU in South Aberdeenshire. Understandably, the communities where there was most opposition to the proposed locations were Fraserburgh and Deeside. To help answer these questions, the process is outlined below:

#### **Aim of Process**

To identify potential locations for CMUs, local staff and women from across Aberdeenshire were involved in the discussions about where the best locations would be. When considering where to recommend, 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.

## **Outline of Process**

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.

Ten possible locations were considered and judged against a range of factors including:

- 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.
- Access - 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.

## **Providing optimal coverage for the Grampian population**

When reviewing locations, the group considered what would be the best *combination* of locations to provide maximum coverage to deliver services for the population of Grampian. They 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.

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

- North CMU (Peterhead) to serve the North Aberdeenshire population.
- Central CMU (Inverurie) to serve the Central Aberdeenshire population.
- South & East CMU (Aberdeen) to serve the Aberdeen and South Aberdeenshire population.

It is important to inform and support women and families to make the most appropriate choice when deciding where to give birth. If the proposals are approved, CMUs will need to be promoted and allowed time to gain the confidence of local women and families and the support of the wider community. How they are promoted needs consideration however by having integrated teams and basing services within the CMUs, such as consultant and scanning and screening clinics so that women have attended there during their pregnancy,

they will be more familiar and therefore also more likely to be seen as an option for labour and birth

## **Strengths of Recommended Locations**

### **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, with integrated teams, will help to address.

### **Why Peterhead?**

- The locations identified with potential to serve the North Aberdeenshire population were Ellon, Peterhead and Fraserburgh.
- When looking at birth figures in the area, the group agreed that if there was more than one CMU in the North, the units would be extremely unlikely to achieve 250 births each.
- 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.
- In reaching a decision about whether to recommend Fraserburgh or Peterhead as the North CMU, the group agreed that both locations have strengths and weaknesses. Following further discussion, however, Peterhead was recommended for the following reasons:
  - Peterhead has an existing 24/7 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 (based on data modelling using recent birth figures). There is also a recent history of women from Fraserburgh using the labour and birth facilities at Peterhead; this suggests that travelling to Peterhead is acceptable to some women and families.

### *Fraserburgh Community response to the Proposals for the North*

During the consultation, there was strong opposition expressed and concerns raised about the impact of the proposals on Fraserburgh and neighbouring coastal communities. During local discussions it was suggested that if the Fraserburgh community put forward a strong case to locate the North CMU in Fraserburgh rather than Peterhead, this would be genuinely considered. Although there was no local campaign launched in response to the proposals, it is important to recognise that there was an understandable level of cynicism and apathy about the consultation, due to the previous process that led up to the introduction of the Birth Units.

There was also a view expressed that, it was the subsequent Birth Unit model which has led to low local labour and birth activity. Whilst lack of confidence in the availability of the service will influence some local women's decision about where to give birth, it is important to note that, latterly, labour and birth activity levels when the local unit had been 24/7 were low and, in recent years, the number of women with complexity during pregnancy has increased meaning lower numbers of women are eligible to give birth within a midwife led setting. Another view expressed was that due to other recent service developments, there is now not the physical space within the hospital to accommodate a CMU.

### **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 (see Section 3 for timescales).

### **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 to sustain a CMU in the area. Some women from South Aberdeenshire currently choose to give birth in the unit in Montrose and this option will still be available.

### **Why is it not possible to have four CMUs?**

The locations proposed for the 3 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).

Although a 4-CMU model was seriously considered during the Option Appraisal, when it was costed it was evident that it is unaffordable within existing resources.

#### **4.4 Location of scanning and screening and community based consultant clinics**

We acknowledge the concerns raised during the consultation about the potential relocation of clinics from Huntly to Inverurie (with the development of the proposed Inverurie CMU) and the broad support for the proposed introduction of a community based consultant clinic in Deeside (although note the concerns raised about the specific Deeside location of Banchory for Upper Deeside women).

The service recognises that there are areas in Grampian that have very little resource for scanning and screening and community based consultant clinics; particularly in the Deeside area where the introduction of this service would reduce travel for many women throughout their pregnancy. Community based consultant clinics in North Aberdeenshire have already been increased to weekly in either Peterhead or Fraserburgh. There are significant numbers of women experiencing deprivation and health inequalities in this area and this will improve availability and accessibility of specialist services for these women in their local community. (See page 17 for figures).

There is an absolute commitment to the provision of scanning and screening clinics and community based consultant clinics across Grampian. Current locations are historical and it is possible that they are not best sited to benefit the greatest number of women and families and make the best use of resources. The future location and frequency of these clinics requires further work and the service plans to take a systematic approach to reviewing this. This will be similar to the work undertaken to decide upon the proposed locations of the CMUs involving data analysis and detailed discussion with staff and women and will also include further exploring the potential of telehealth.

#### **4.5 Transport and Access**

We acknowledge and understand the comments and concerns raised during the consultation about the importance of transport in relation to access to services, particularly in rural communities or in areas of deprivation.

Although it is important to note that nearly all women are able to plan private transport for when they go into labour (own or family/friend's vehicle); we appreciate that in a few cases, women may walk, use public transport or call an ambulance when in labour.

Transport and access issues have been used to inform the development of the proposals and, if approved, will lead to a *reduction* in both the total number of women having to travel, and the total number and distance of journeys women make, when accessing maternity services. However, we do appreciate that, under the proposals, eligible women in Aboyne and Fraserburgh, who would previously have chosen to give birth locally, will have to travel further for labour and birth care.

#### **Numbers of women and families affected:**

##### *Antenatal care:*

- Community midwives will continue to be based locally as they are now.
- The review of antenatal education currently underway combined with the introduction of integrated teams, will lead to antenatal education provision that is delivered locally and is more flexible and accessible to women and their partners.
- Under the proposals, more women who currently travel for consultant appointments during pregnancy will be able to access services locally:

- In 2010, women from Deeside travelled to AMH for 345 appointments for either a consultation with a consultant obstetrician or an ultrasound scan. These figures suggest that a significant number of women would benefit from an enhanced local scanning and screening service and the introduction of a community based obstetric service in Deeside.
- In 2010, women from Fraserburgh attended 438 appointments with a consultant obstetrician in their local community hospital. Since April 2012, this service has been increased from every four weeks to every two weeks which means many more women will now be supported to have more care locally, removing the need to travel to AMH.

#### *Labour and birth:*

- Currently, 92% of the overall caseload from Banff and Buchan travel to a Consultant Unit (DGH or AMH) and 85% of the overall caseload from Deeside travel to AMH for labour and birth care.
- This figure is based on eligibility and choice: by the end of pregnancy, only 30-40% of women are eligible to give birth in a midwife led facility and of those, some choose not to use local labour and birth facilities.
- Under the proposals, women who would have accessed the existing Birth Units will have to travel a greater distance for labour and birth facilities. In 2011, this would have affected 72 women (49 women in Aboyne and 23 in Fraserburgh). In 2009, nine women gave birth in the Banff Birth Unit before it closed in August of that year.
- The proposals to site a CMU in Inverurie and develop the Peterhead Midwife Led Unit into a North CMU will mean far more women will be able to access labour and birth facilities locally. Using data modelling (based on recent birth figures), we estimate that between 250-370 eligible women are likely to access Peterhead CMU and 250-400 to access Inverurie CMU for labour and birth care.

#### **Impact of distance and winter weather for rural communities**

There is now more effective risk assessment throughout pregnancy than ten years ago, so we are better able to advise women on safe choices for place of birth.

Forecasting is also getting better so we usually have some warning of severe weather. This allows us to plan for “what if” if it is close to a woman’s delivery date, with midwives working closely with women to make any necessary arrangements based on their individual circumstances. This includes women who have had previous quick labours.

We have a number of contingency arrangements in place to deal with bad weather, including a close working relationship with the road and air ambulance service and support from voluntary services such as the COTAG 4x4 response service. Although these arrangements were not put to the test this winter; in 2010/11, all women reached their destination for birth, despite extreme weather conditions.

#### **Capacity of emergency ambulance service:**

Discussions have been held with the Scottish Ambulance Service during the development of the proposals and they are satisfied that they can meet any change in demand on their service:

“The ambulance service provides a service to all geographical areas....With the increased monitoring and clinical supervision of [women], the number of emergency admissions should reduce. However, in the case of a call we would send the closest

appropriate resource to the patient. We will of course be monitoring the changes in conjunction with NHS Grampian." (Scottish Ambulance Service)

- Although the number of women giving birth in Peterhead will increase and there will be some demand on the ambulance service from the Inverurie CMU; it is expected that, with the introduction of integrated teams leading to more confident staff, the current transfer rate during labour (for non-emergency reasons) of approximately 25-30% will reduce significantly to be more in line with the national average of 17%.
- If the Birth Units close, in those communities, the demand for ambulance *transfers* will reduce to zero. With nearly all women making their own private transport arrangements when in labour, it is thought that the potential for a knock-on effect of that group of women subsequently requesting an ambulance to transport them to their labour and birth facility is very small. From April 2011 until March 2012 there were 5 ambulance transfers from home to hospital from Deeside and 11 from the Fraserburgh area for women in active labour.

#### **Providing services that help reduce travel:**

- There is a local commitment to support national activity investigating the use of telehealth in maternity care to complement face-to-face provision; with examples around remote scanning and antenatal assessment; and women recording information on PCs and linking with midwives remotely.
- As part of a person-centred care approach, introducing an early labour assessment service will be investigated – evidence suggests there are benefits to women's experiences of labour and, as a result, this may lead to less unnecessary journeys to hospital.
- The home birth service will continue to be available as an option for eligible women across Grampian. Under the proposals, this will be safer and more sustainable (see home birth section).

#### **Public transport:**

- We acknowledge that public transport can be limited in rural areas and have tried, where possible, to take account of this and other transport and access concerns when developing the proposals.
- Although addressing transport issues is beyond the remit of the maternity service, it is an important part of the work of Community Planning Partnerships, of which NHS Grampian (through the three Community Health Partnerships) is a key partner.

### **4.6 Aberdeen Maternity Hospital**

During the consultation it was widely recognised that Aberdeen Maternity Hospital (AMH) had a high pressure of workload and, at time, a culture that could negatively impact on the quality of experience for women and their families. Overall the proposals will have a positive impact on these by reducing the number of women attending AMH during pregnancy as well as for labour and birth as outlined above. Whilst the introduction of more local services would improve quality and women's experiences of care in local communities, it would also improve the quality for those women who must attend AMH for their care.

With the development of Peterhead CMU and the establishment of Inverurie CMU, it is anticipated that the number of births within the Aberdeen CMU will reduce. This combined with reviewing the workforce plans in line with the proposals and the integration of community midwives into the CMU development in Aberdeen; will improve our ability to

provide 1:1 care to women, thereby reducing the risk of intervention during labour and birth.

During the consultation, valuable information was gathered about aspects of care that, although not part of the proposals subject to consultation, are very important to the experience for women and families. This included information about antenatal care and education, postnatal care, infant feeding support and routine transfer to the community. Work to address these aspects of care is already being progressed so that improvements can be made, not only in Aberdeen but right across the maternity service. We are committed to ensuring the views and experiences of women and families are at the heart of this and to ensure that identified changes are sustained and continue to meet needs of women and families.

## **5. Why are the proposals better than the current service?**

NHS Grampian has been reviewing maternity services with extensive input from clinicians, lay representatives and managers since April 2010. The shared vision for Grampian is one where all maternity related services and communities work closely together to support women and families give their children the best possible start in life.

The results from the consultation show there was a high level of support for the overall aims and many of the specific aspects of the proposals, however there were other aspects of the proposals where opposition or concern was expressed. We have listened to the views, experiences and suggestions from women and families and recognise that views are split especially about proposed birth unit closures and the number and location of the proposed CMUs. On consideration we believe that the proposed service is the best way to meet the challenges facing the service currently and will:

- Better meet the needs of more women and families, particularly those who need extra care and support.
- Make a real contribution to supporting the reduction of health inequalities
- Provide more women and families with a more consistent quality of service throughout their pregnancy and after giving birth.
- 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.
- Improve the experience of more women and families.
- 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 more women with care in suitable and pleasant surroundings

### Summary of Main Differences between the Current Service and the Proposals

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 were subject to formal consultation. Please refer to the final column to see what is provided for information and what was subject to consultation.

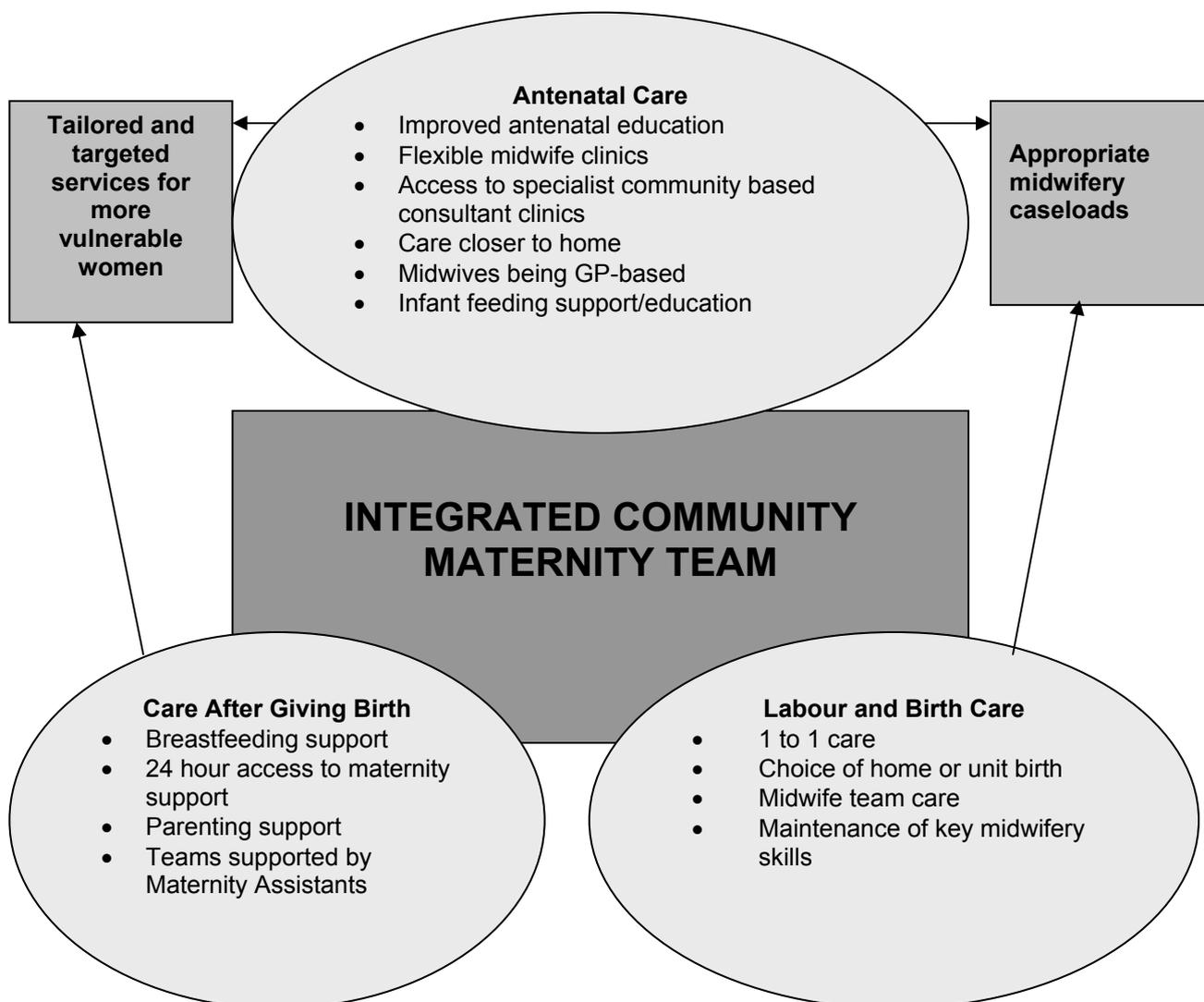
	<b>Service Element</b>	<b>Current Service</b>	<b>Proposed Service</b>	<b>Main Benefits of Proposals</b>	<b>Consultation Status</b>
1	Management of service	<ul style="list-style-type: none"> <li>Separately managed and resourced in 3 sectors.</li> </ul>	<ul style="list-style-type: none"> <li>One Grampian-wide maternity service.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure more consistent care and advice for women.</li> <li>Improve staff communication.</li> <li>Ensure a fairer distribution and more efficient and effective use of resources.</li> <li>Improve learning and staff development.</li> </ul>	<p>Agreed at start of wider maternity service review.</p> <p>Not subject to consultation.</p>
2	Community Teams (provide care during pregnancy, labour and birth, after giving birth)	<ul style="list-style-type: none"> <li>A mix of separate and integrated teams.</li> <li>Provide care close to home.</li> </ul>	<ul style="list-style-type: none"> <li>All teams are integrated.</li> <li>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.</li> <li>Increase range of care provided closer to home.</li> </ul>	<ul style="list-style-type: none"> <li>Midwives who are confident in all aspects of care.</li> <li>Timely and reliable risk assessment of women's needs.</li> <li>Women and families having improved access to care.</li> <li>Reduced travel and costs for women and families.</li> </ul>	<p>Agreed as part of Continuous Service Improvement (CSI) event held in August 2010. Participants included staff and public representatives.</p> <p>Not subject to consultation.</p>

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
3	Community Team Caseloads	<ul style="list-style-type: none"> <li>• Wide variation across Grampian: ratio varies between 30 and 140 women per whole time equivalent community midwife, dependent on location.</li> <li>• Caseloads not tailored to need.</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to reduce caseload numbers (60-80 women per whole time equivalent midwife) to reflect good practice, local needs and geography.</li> </ul>	<ul style="list-style-type: none"> <li>• Fairer distribution of caseloads for midwives.</li> <li>• Better continuity of care and carer for women.</li> <li>• Improved access to core services for women.</li> <li>• Women and families who need extra care will get this.</li> <li>• More manageable caseloads reduce stress for staff.</li> </ul>	<p>Agreed as part of CSI event held in August 2010.</p> <p>Not subject to consultation.</p>
4	Number and Role of Community Unit (24 hour/ 7 day a week)	<ul style="list-style-type: none"> <li>• 2 Midwife Led Units in Aberdeen and Peterhead.</li> <li>• Only midwife-led care and an obstetric consultant outreach clinic provided in Peterhead.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the units' roles to become Community Maternity Units, providing multi-disciplinary care to women who need it.</li> <li>• Increase number from 2 to 3, with third CMU in Inverurie.</li> </ul>	<ul style="list-style-type: none"> <li>• Women and families have increased access to maternity team care.</li> <li>• Fewer women will have to travel to Consultant Units for pregnancy care.</li> <li>• Services more sustainable, less service interruptions.</li> <li>• Staff confident in all aspects of care.</li> <li>• Improve one to one care during labour and birth at Aberdeen Maternity Hospital.</li> </ul>	<p><b>This is subject to formal consultation.</b></p>

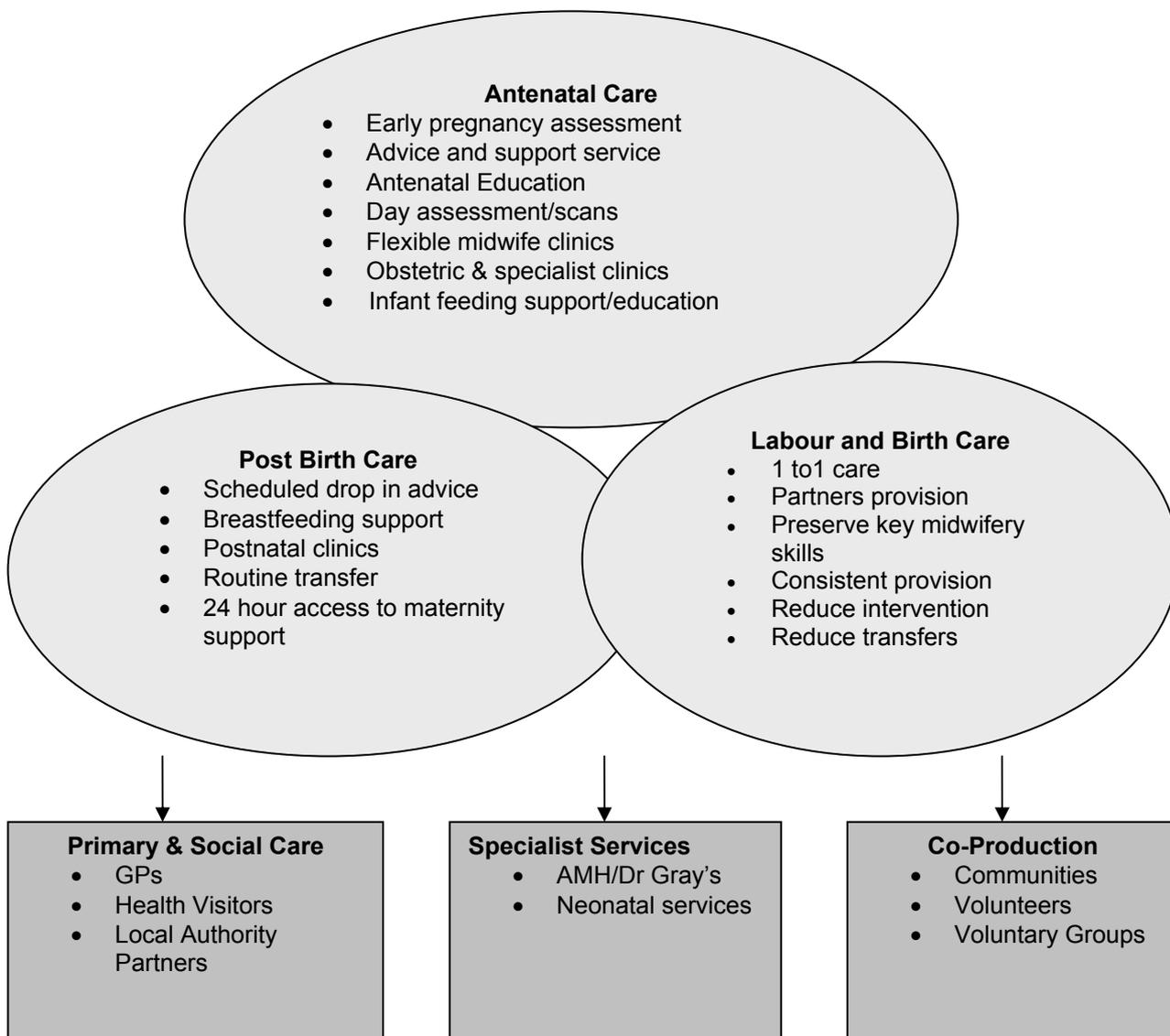
	<b>Service Element</b>	<b>Current Service</b>	<b>Proposed Service</b>	<b>Main Benefits of Proposals</b>	<b>Consultation Status</b>
5	Birth Units	<ul style="list-style-type: none"> <li>• 2 units open in Aboyne and Fraserburgh.</li> <li>• 1 unit in Banff not operational.</li> </ul>	<ul style="list-style-type: none"> <li>• No labour and birth service in units, but home birth service will be available.</li> </ul>	<ul style="list-style-type: none"> <li>• A greater range of more accessible services for women and families in pregnancy and after giving birth.</li> </ul>	<b>This is subject to formal consultation.</b>
6	Obstetric consultant outreach (consultants, from Dr Gray's Hospital and Aberdeen Maternity Hospital, go out to other parts of Grampian).	<ul style="list-style-type: none"> <li>• Consultant outreach clinics delivered in 7 locations across Grampian.</li> </ul>	<p>Clinics delivered in 8 locations and sited to better meet population needs:</p> <ul style="list-style-type: none"> <li>• Introduce new clinic in Banchory.</li> <li>• Discuss and agree whether to move outreach clinic from Huntly to Inverurie.</li> <li>• Explore use of telehealth to assess and manage women with some pregnancy complications.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to maternity team care.</li> <li>• Fewer women will have to travel to Consultant Units in Aberdeen and Elgin for pregnancy care.</li> <li>• Improved links between obstetricians, midwives and GPs.</li> </ul>	<p>A consultant outreach service will continue.</p> <p><b>Views on the introduction of a new outreach clinic in Banchory were sought through feedback questionnaire and meetings.</b></p> <p><b>The possible clinic relocation from Huntly to Inverurie was explored during local meetings.</b></p>
7	Scanning and screening clinics	<ul style="list-style-type: none"> <li>• Clinics delivered in 8 locations across Grampian.</li> </ul>	<p>Clinics delivered in 8 locations and sited to better meet population needs:</p> <ul style="list-style-type: none"> <li>• Discuss and agree whether to relocate scanning and screening service from Huntly to Inverurie.</li> </ul>	<ul style="list-style-type: none"> <li>• More women will have local access to scanning and screening services.</li> </ul>	<p>Scanning and screening clinics will continue.</p> <p><b>The possible clinic relocation from Huntly to Inverurie was explored during local meetings.</b></p>

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
8	Aberdeen Maternity Hospital	<ul style="list-style-type: none"> <li>Specialised obstetric, anaesthetic and neonatal consultant, and midwifery services.</li> </ul>	<ul style="list-style-type: none"> <li>Specialised obstetric, anaesthetic and neonatal consultant, and midwifery services.</li> <li>Continuing service improvement as part of wider Maternity Review e.g. in antenatal clinics, theatre and obstetric labour wards.</li> <li>Relocated Aberdeen Maternity Hospital (longer term and dependent on capital funding).*</li> </ul>	<ul style="list-style-type: none"> <li>Improved experience for women and families.</li> <li>Capacity created for reinvestment in service developments.</li> <li>Improved physical environment.</li> <li>Improved staff morale.</li> <li>Less disruption to care.</li> <li>More effective and efficient use of staff.</li> </ul>	<p>Agreed as part of CSI event held in August 2010. Part of continuous service improvement activity.</p> <p>Not subject to formal consultation.</p> <p><b>*Relocation will be taken forward as part of Foresterhill campus discussions.</b></p>
9	Dr Gray's Hospital Consultant Unit, Elgin	<ul style="list-style-type: none"> <li>Obstetric consultant and midwifery services.</li> </ul>	<ul style="list-style-type: none"> <li>Obstetric consultant and midwifery services.</li> <li>Continuing service improvement as part of wider Maternity Review.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity created for reinvestment in service developments.</li> <li>Less disruption to care.</li> <li>More effective and efficient use of staff.</li> </ul>	<p>Agreed as part of CSI event held in August 2010. Part of continuous service improvement activity.</p> <p>Not subject to formal consultation.</p>

### Integrated Community Maternity Team Model



## COMMUNITY MATERNITY UNIT MODEL



**Timeline for Implementation (suggested dates dependent on ministerial approval)**

**Appendix 4**

<b>Primary Action</b>	<b>Start Date</b>	<b>Completion Date</b>	<b>High level actions</b>	<b>How will we know achieved?</b>
Develop NHS Grampian South & East CMU (at AMH).	May 2012	May 2013	<ul style="list-style-type: none"> <li>▪ Identify staff resource transfer from hospital based midwives to move to integrated team.</li> <li>▪ Jointly work with Education to support training and development programme to meet identified needs.</li> <li>▪ Integrate Aberdeen, Kincardine and Deeside community teams.</li> <li>▪ As Deeside community teams integrate, simultaneously remove option of giving birth in Aboyne Birth Unit.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community midwives integrated into GP practices as their base rather than CMU.</li> <li>▪ Women using service appropriately and their needs met.</li> <li>▪ Evaluation of the experiences of women and families.</li> <li>▪ Range of services developed in CMU.</li> <li>▪ All midwives confident and competent in all aspects of community care.</li> </ul>
Development of Theatre facilities at AMH	2012/2013	2012/2013	<ul style="list-style-type: none"> <li>▪ Allocation of funding to support development.</li> </ul>	<ul style="list-style-type: none"> <li>▪ New modular theatre in situ and being utilised</li> <li>▪ Ability to run concurrent elective and emergency lists.</li> </ul>
Integrate Community Midwifery Teams with NHS Grampian West Unit (Dr Gray's, Consultant Unit).	June 2012	June 2013	<ul style="list-style-type: none"> <li>▪ Integrate Banff and Moray community teams in unit for low risk care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community midwives integrated into GP practices as their base rather than Unit</li> <li>▪ Women using service appropriately and their needs met.</li> </ul>
Integrate Community Midwifery Teams with NHS Grampian North CMU (Peterhead).and refurbish unit	January 2013 (Integration) 2012/2013 (Refurb)	June 2013 2012/2013	<ul style="list-style-type: none"> <li>▪ Integrate Peterhead, Buchan and Ellon community teams.</li> <li>▪ As Buchan community teams integrate, simultaneously remove option of giving birth in Fraserburgh Birth Unit.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community midwives integrated into GP practices as their base rather than CMU.</li> <li>▪ Women using service appropriately and their needs met.</li> <li>▪ Evaluation of the experiences of women and families.</li> </ul>

			<ul style="list-style-type: none"> <li>▪ Agree timescales for refurbishment.</li> <li>▪ Relocation of pool from Fraserburgh</li> </ul>	<ul style="list-style-type: none"> <li>▪ Range of services developed in CMU.</li> <li>▪ All midwives confident and competent in all aspects of community care.</li> <li>▪ Refurbishment completed.</li> <li>▪ Improved environment and facilities for women and staff.</li> </ul>
Configuration of Central Aberdeenshire Midwifery Teams before development of NHS Grampian Central CMU.	May 2012	May 2013	<ul style="list-style-type: none"> <li>▪ Integrate appropriate community teams.</li> <li>▪ Identify venue to host outreach clinics and scanning facilities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community midwives integrated into GP practices as their base rather than CMU.</li> <li>▪ Women using service appropriately and their needs met.</li> </ul>
Establish Central CMU.	2013/2014	2014/2015	<ul style="list-style-type: none"> <li>▪ Further develop links with NHSG Inverurie project.</li> <li>▪ Footprint of CMU developed and agreed.</li> <li>▪ Agree timescales for build.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Women using service appropriately and their needs met.</li> <li>▪ Evaluation of the experiences of women and families.</li> <li>▪ Range of services developed in CMU.</li> <li>▪ All midwives confident and competent in all aspects of community care.</li> </ul>
Relocation of NHS Grampian Maternity Tertiary Centre (AMH).	To be agreed. Long term. Dependent on availability of funding.		<ul style="list-style-type: none"> <li>▪ Continue to pursue as part of wider Foresterhill Site plans.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agreed process.</li> <li>▪ Refurbishment completed.</li> <li>▪ Improved environment and facilities for women and staff.</li> </ul>

# **Strategic Review of Maternity Services**

## **Report of Formal Consultation**

**December 2011 – March 2012**

**June 2012**

## **1. Introduction**

In December 2011, as one part of a wider ongoing strategic review of maternity services, NHS Grampian Board approved the launch of a formal consultation on proposed changes to the maternity service in Grampian.

The proposals that were consulted on were developed by a group of women, clinicians and managers who took part in an inclusive Option Appraisal in early 2011; with the overwhelming majority of participants agreeing on a preferred option. A comprehensive follow up process, involving local staff and women, was then undertaken to review and recommend possible locations for the Community Maternity Units (CMU) – an integral part of the proposals.

The formal consultation on the proposals ran from 11 December 2011 until 22 March 2012 and this report outlines the process and details the main responses received.

## **2. Major Service Change**

National guidance<sup>1</sup> states that a formal consultation is only necessary in cases of “major service change”. After sharing the Option Appraisal proposals, NHS Grampian received feedback from the Scottish Government which deemed them to be major service change.

Throughout the wider review process, NHS Grampian has ensured an ongoing dialogue with the Scottish Health Council (SHC), an independent organisation with a role to assess how well the NHS is involving the public. In cases of major service change, the SHC must approve the engagement process used to develop any proposals before an NHS Board can proceed to formal consultation and also approve the subsequent formal consultation process.

The Scottish Health Council has produced a detailed report<sup>2</sup> on NHS Grampian’s process for involving local people in the maternity review, outlining its approach to quality assurance, charting communication with NHS staff in relation to the engagement and consultation process and highlighting issues raised by local people during the process. The report states that:

“The Scottish Health Council has quality assured the consultation process and is satisfied that NHS Grampian has followed the Scottish Government’s CEL (4) (2010) guidance on involving local people in service change.”

## **3. Overview of Views on the Proposals**

Following analysis of all the responses received to the consultation, the results show a high level of support for both the overall aims and many specific aspects of the proposals; and help evidence the need for service change. However, there were other aspects of the proposals where opposition or concern was expressed, further clarity or reassurance was sought, or views were split.

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<sup>1</sup> CEL 4 (2010) – Informing, Engaging and Consulting People in Developing Health and Community Care Services

<sup>2</sup> A report on NHS Grampian’s Consultation on proposed changes to the Maternity Service in Grampian (SHC: June 2012)

The summary table in Appendix A provides an overview of the main results and outlines NHS Grampian's response to these. Where there were particular areas of concern or uncertainty, or where views were split; a fuller response and explanation has been provided in the Proposals Paper being considered by NHS Grampian Board. These areas includes:

- Lack of clarity about home birth service provision.
- Removal of Birth Units from local communities.
- Proposed locations of Community Maternity Units.
- Possible changes to scanning and consultant outreach services.
- Transport and access issues.
- How improvements will be made at Aberdeen Maternity Hospital.
- Availability of capital funding and a timeline for implementation.

Concerns and questions were also raised about other parts of the proposals not subject to formal consultation e.g. integrated teams.

Women and families also shared personal experiences (positive and negative) of the maternity service not directly linked to the proposals and these will be extremely valuable in informing other aspects of the wider review .e.g. antenatal education and postnatal support.

All responses to the consultation have been made available, in full, for NHS Grampian Board members to view before the Board meeting which will consider the finalised proposals.

#### **4. Formal Consultation Process**

A range of ways were used to raise awareness of the consultation, including media releases; targeted distribution of consultation paper and feedback questionnaire; wide distribution of consultation flyer (in English and other languages); information on NHS Grampian website, Facebook page and Twitter profile and Aberdeen Council of Voluntary Organisations (ACVO) e-bulletin and Aberdeenshire Live screens; as well as using internal communication tools to raise awareness amongst staff.

##### **4.1 Overall Number and Profile of Respondents**

It is estimated that well over 500 people took part in the formal consultation. It is difficult to give an exact number because some responses were submitted on behalf of a group and some members of the public and staff who attended public meetings also submitted a written response.

When considering all responses (written and verbal), there was an excellent distribution of feedback from women with current or recent experience of maternity services; individual members of the public; members of staff; and NHS, local authority and community groups and committees.

Methods used to gather the views of women and families, staff, the public and other interested parties were:

- Consultation paper and feedback questionnaire (online and post)
- Public meetings

- Discussion groups with women and families
- Open responses (email and letter)
- Staff briefings
- Presentations to groups and committees

More information on each of these consultation methods follows:

#### 4.2 Consultation paper and feedback questionnaire (online and post)

Copies of the consultation paper (full and summary versions) and feedback questionnaire were distributed widely to relevant stakeholders including MPs/MSPs, local councillors, women and family groups, the maternity review virtual reference group, voluntary sector organisations, community councils, neighbouring and island NHS Boards, GP practices and libraries as well as being available on the NHS Grampian website.

#### 4.3 Questionnaire Results

##### 4.3.1 Respondent Profile

Just under 300 people completed the questionnaire; two-thirds of respondents doing so online. Of the 284 who specified, 35% (n=99) were women with current or recent experience of the maternity service; 25% (70) were members of the public; 21% (59) were members of staff; and 10% (29) were representing a community group (e.g. Community Council, Public Forum, Hospital Friends).

68% (153) of public respondents were from Aberdeenshire; 16% (36) from Aberdeen; 12% (27) from Moray; and 3% (6) from Orkney, Tayside or Highland. When asked to state their nearest town or village, the top six locations were Inverurie (17), Forres (14), Huntly (12), Fraserburgh (11), Banchory (10) and Aboyne (8). Aberdeenshire respondents were fairly even distributed across the area with 41 in the North, 57 in Central, and 49 in the South.

##### 4.3.2 Understanding of proposals and reasons for change

49% (197) of respondents stated they had read the summary consultation paper, 20% (80) the full paper and 31% (126) had read both versions. When asked how useful the papers were in helping to increase understanding, the vast majority (90-95%) of respondents indicated that both the summary and full consultation papers helped them either fully or partly understand the proposals and the reasons for change.

##### 4.3.3 Views on Individual Aspects of the Proposals

<i>Outreach Services</i>	<b>Fully Support</b>	<b>Partly Support</b>	<b>Do Not Support</b>
Continue scanning & screening	<b>98%</b> (283)	2% (6)	0.3% (1)
Continue consultant outreach	<b>95%</b> (274)	4.5% (13)	0.3% (1)
Establish Banchory outreach	<b>76%</b> (212)	18% (49)	6% (17)

<i>Community Services</i>	<b>Fully Support</b>	<b>Partly Support</b>	<b>Do Not Support</b>
CMU Model	<b>83%</b> (231)	15% (41)	3% (8)
Aberdeen CMU	<b>77%</b> (215)	16% (44)	7% (20)
Inverurie CMU	<b>69%</b> (195)	20% (57)	11% (30)
Peterhead CMU	<b>72%</b> (200)	19% (53)	9% (24)
Home Birth Service	<b>80%</b> (230)	15% (42)	6% (16)

<i>Views on Proposed Birth Unit Closure</i>	<b>Fully support</b>	<b>Partly Support</b>	<b>Do Not Support</b>
Aboyne	33% (97)	23% (67)	<b>43%</b> (126)
Banff	<b>56%</b> (152)	20% (54)	25% (68)
Fraserburgh	<b>40%</b> (113)	24% (66)	36% (102)

#### 4.3.4 Overall Views on Proposals

When asked for their views on the proposed changes as a whole, 43% (122) said they fully support, 47% (133) partly support, and only 10% (28) said they do not support the proposals. On further analysis of those who did not support the proposals, 24 said where they lived: 9 in Deeside, 6 in Forres, 5 in Fraserburgh and 4 in other towns.

When asked which model of care they thought will best meet the needs of *all* women and families in Grampian, 54% (149) said the proposed service, 16% (45) the current service but 30% (82) were unsure. On further analysis of those who stated the current service, 32 said where they lived: 12 in Deeside, 7 in Forres, 5 in Fraserburgh, 3 in Huntly, 2 in Westhill and 3 in other towns.

Although, overall, the quantitative survey results above illustrate broad support for the proposals, they also evidence divided opinion about Birth Unit closures. Whilst many fully or partly support the proposed closures, a quarter of respondents did not support Banff remaining closed; just over a third opposed the closure of Fraserburgh and nearly half of respondents opposed the closure of Aboyne. Respondents who did not support the closures were from across Grampian.

#### 4.3.5 Comments

Many respondents provided detailed comments to explain their responses. These were a mix of support, concerns, questions and experiences. All comments have been analysed and, together with other feedback received, have informed the response summary table in Appendix A and the discussion section in the Proposals Paper.

### 5. Public Meetings

#### 5.1 Location

Open meetings were held in nine locations across Grampian, with an afternoon and evening session in each area. Staff from the maternity service and senior NHS Grampian staff attended to present the proposals (and reasons for change), explain what impact there would be locally, answer questions and listen to the views of local communities.

## 5.2 Attendance

There were 171 attendees at the meetings, made up of 76 members of the public, 50 members of staff (not on the panel) and other individuals e.g. local councillors, local authority staff, MSP representatives (Appendix B). Non-Executive Board members also attended a number of the meetings in a listening capacity.

Overall, turnout at the public meetings was lower than expected, particularly in Aboyne and Fraserburgh where more local opposition to the proposed Birth Unit closures was anticipated.

## 5.3 Views

Due to the relatively small numbers at the meetings, there was a real opportunity for attendees to ask lots of questions, give their views (positive and negative) and, in a number of meetings, to have an in-depth discussion and debate with NHS staff.

*Subjects discussed in meetings across Grampian included:*

- Integrated community maternity teams (CMU links and staff skill mix)
- Process for recommending Community Maternity Unit (CMU) locations
- CMUs (services, staffing, facilities, promotion, capital funding and timescales)
- Aberdeen Maternity Hospital (experiences, capacity, facilities, relocation)

*More (but not exclusively) localised subjects included:*

- Loss and impact of proposed Birth Unit closures (Aboyne and Fraserburgh)
- Peterhead capacity and facilities (Peterhead and Fraserburgh)
- Inverurie CMU development (Inverurie and Huntly)
- Aberdeen CMU (Aboyne and Stonehaven)
- Possible relocation of clinics to Inverurie (Huntly)
- Rurality, travel, access (Aboyne, Fraserburgh, Huntly)
- Gap in labour and birth facility provision in South Aberdeenshire (Aboyne)
- Scottish Ambulance Service capacity (Aboyne)
- Montrose Midwife Led Unit (Stonehaven)
- Single management structure (Elgin)
- Routine transfer policy and breastfeeding support (Peterhead)
- Community support, fundraising and co-production (Peterhead)
- Home births – maintaining midwife skills and ensuring service
- Consultant outreach in Banchory (Aboyne)
- Alternative ways to maintain midwife confidence and competence (Aboyne)
- Impact of proposals on Dr Gray's (Elgin)
- Paediatric service at Dr Gray's (Elgin)

Detailed notes were taken at each meeting and these have been analysed and, together with other feedback received, have informed the response summary table in Appendix A and the discussion section in the Proposals Paper.

## **6. Discussion groups with women and families**

### **6.1 Location and Attendance**

To ensure the views of those that would be most affected by the proposals were heard, twelve discussion groups were organised with women current or recent experience of maternity services. To maximise attendance, discussions linked in with existing structures and included attending a mix of NHS antenatal classes and NHS and non-NHS postnatal groups. 90 women and three partners took part in the discussions across Grampian (Appendix C).

### **6.2 Views on Proposals**

Like the public meetings, the discussion groups provided an opportunity to explain the proposals and the reasons for change, as well as answer any questions women had. Women across all groups supported many different aspects of the proposals but levels of support for the proposals around labour and birth varied. Unsurprisingly, more support was expressed in Aberdeen, Elgin, Ellon, Huntly, Kintore, Portlethen and the Grampian Birth Choices Group with opposition and concern expressed in Aboyne, Banchory, Banff and Fraserburgh.

### **6.3 Other Views Expressed**

Some of the views and experiences shared in the discussion groups related to parts of the service not subject to formal consultation e.g. antenatal education, information provision, infant feeding and postnatal support. This information will be very beneficial for the maternity service when taking forward related projects and initiatives. Discussion also covered individual preferences, choices and experiences around labour and birth.

Detailed notes were taken at each meeting and these have been analysed and, together with other feedback received, have informed the response summary table in Appendix A and the discussion section in the Proposals Paper.

## **7. Open responses (email and letter)**

29 open responses were received to the consultation. These were from individual service users, members of the public, members of staff, community organisations, GPs, neighbouring and island NHS Boards and Aberdeenshire Council.

Of those that related to the proposals, 12 were in support, 10 did not support and 4 expressed mixed views about the proposals. One of the responses was a submission from Inverurie Patient Participation Group of 364 signatories in support of the Inverurie CMU proposal.

Many of these responses are very detailed and all have been analysed and summarised in Appendix D (see also Appendix A and Proposals Paper discussion section).

## **8. Staff briefings**

### **8.1 Attendance**

Approximately 100 staff (the majority of whom were midwives) attended 12 staff briefings which were organised to provide them with an opportunity to find out more about the proposals and have their questions answered.

### **8.2 Views**

The majority of midwives who attended were supportive of the proposals. The main reasons stated were they felt the proposals will help address the challenges staff face; better meet the needs of a greater number of women; and provide staff with opportunities to develop their skills. A number of staff felt they had influenced the proposals.

Staff also asked questions and raised concerns, the majority of which were about the detail of integrated teams and what the implications will be for them on an individual basis, as well questions about timescales for implementation. In Moray, there was some concern over the single management structure and, in Deeside, sadness and fears were expressed about the impact of the loss of Birth Units on rural communities.

## **9. Presentations to Groups and Committees**

The proposals were presented to over 30 groups and committees (See Appendix E). These were a mix of NHS Grampian, neighbouring Boards, local authority and public forums.

## **10. Conclusion**

The formal consultation has allowed a wide group of women, the public, staff and other interested parties to give their views on the proposed changes to the maternity service.

The results from the questionnaire indicate a high level of support for the proposals overall, but the detailed comments highlight where respondents have concerns or sought clarification.

Due to the complexity of the proposals, the face-to-face methods (public meetings, discussion groups, presentations to groups and committees and staff briefings) were particularly helpful in enabling attendees to ask questions, raise concerns and receive immediate feedback. The level of support for the proposals varied across locations, depending on what impact there would be on local communities.

The proposals to close the Birth Units produced the most polarised responses, with strong objections but also some clear expressions of support. This polarisation is not unexpected given the strength of feeling amongst the local communities affected.

NHS Grampian Board's decision about the finalised proposals for the maternity service in Grampian should be set within the context of the national guidance: CEL 4 (2010) – Informing, Engaging and Consulting People in Developing Health and Community Care Services:

“Where a preferred option is indicated, it must also be clear that all responses to the consultation will be considered. In particular, the Board should give genuine consideration to any alternative suggestions that are put forward as a result of the consultation.”

Laura Dodds

Public Involvement Manager  
NHS Grampian

4 June 2012

## **A Selection of Illustrative Quotes**

The fact that the Units are small and local is the very reason you should be keeping them.

If you thought your midwife hadn't delivered a baby for two years you would be scared.

Sometimes you just need someone to sit with you while you are learning to breastfeed to reassure and encourage. This doesn't have to be a midwife.

The current trade-offs being offered instead of our local unit don't satisfy. We would rather travel to Aberdeen for scans and consultant clinics than sacrifice a place to deliver locally.

Aberdeen Maternity Hospital...staff are so stretched and you know they are stressed. You feel tensed up because of it.

These units provide facilities and choice for the residents in the outlying areas of Grampian who are also more prone to travel disruption in the winter months.

I am totally in favour of the new CMU in Inverurie and more support and better facilities for midwives and soon to be parents. I am a supporter of one to one midwifery care and think this should be offered to all labouring women as a minimum.

It seems like these units (Aboyne and Fraserburgh) are not utilised to their full potential and the cost of running this service would be better spent elsewhere.

You can never get midwives on the phone. Appreciate they have clinics and classes but if you are worried, what do you do?

People mostly have good experience in community hospitals – you just need to look at the numbers at Aboyne and Aberdeen to see why.

Anxious about when to go when so far away – knowing when in labour – don't want to leave to last minute.

When you live in the country, you are used to travel so not a big deal.

We're not allowed to tour Aberdeen Maternity Hospital – we don't know what we're going to – we're terrified – why would we want to go there?

It would be awful for mums-to-be if [Fraserburgh] unit was closed, as in many cases it may not be possible to get to Peterhead whether it be a quick delivery or adverse weather.

Apart from the cost and efficiency questions around this, due to the low numbers of births in these units, the midwives' fitness to practice must be in question.

Aboyne Birth Unit, while small in scale, already meets the targets for one to one labour care, birth pool use, continuity and choice. I am far from convinced that proposed changes would match this.

## Summary Table of Responses to NHS Grampian Formal Consultation on Maternity Services

### 1. COMMUNITY MATERNITY UNITS (subject to formal consultation)

	Topic	Response Overview	Summary of responses received	NHS Grampian Response
1.1	Introduction of CMU model  (Responses about specific locations below).	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>Enhanced range of services &amp; facilities that will be provided in community.</li> <li>Model supports normality in labour &amp; birth.</li> <li>Model contributes to reducing health inequalities</li> <li>Model will serve greater number of women and families than current Birth Unit model.</li> <li>Activity in CMUs will reduce pressure on Consultant Units: Aberdeen Maternity Hospital (AMH) and Dr Gray's Hospital (DGH)</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>Availability of capital funding in current financial climate.</li> <li>Sequencing of CMU developments and Birth Unit closures. (Request by some that CMUs are established before Birth Units close).</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>How will CMUs be staffed?</li> <li>What range of services and capacity of facilities will there be e.g. number of beds, pain relief options?</li> <li>How will you ensure uptake of CMUs for labour and birth?</li> </ul>	<p>We welcome the high level of support for the introduction of the CMU model and are committed to this model of care because of the benefits to women and families, particularly in quality of service and impact on reducing health inequalities.</p> <ul style="list-style-type: none"> <li>Plans for capital funding and implementation are detailed in the Proposals Paper.</li> <li>The CMUs will be staffed by integrating the community midwives into larger teams across Grampian who will spend a proportion of their time within the CMU. The development of the integrated teams can only be established by using existing resources across NHS Grampian in a different way – it would not be possible to run both the Birth Units, CMUs and develop the integrated teams.</li> <li>It is proposed that the CMUs will have 6 beds – 2 dedicated labour and birth beds with the other 4 being flexible in their use between labour and birth and postnatal beds. Also proposed that each CMU will have a pool, day assessment and telehealth facilities. Please see Proposals Paper for details.</li> <li>How CMUs are promoted to eligible women is critical to their success but it is important to recognise that it will take time for them to develop and gain women's confidence and wider community support. Through integrated teams, midwives will be more confident in their skills and more likely to promote the CMU. If women have attended the CMU during their pregnancy they will be more familiar and therefore also more likely to consider the CMU for labour and birth.</li> </ul>

1.2	Proposed CMU locations	Split views	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Locations fit with population growth areas/ strategic growth corridors (therefore greater potential to be sustainable).</li> <li>• Locations will serve greater number of women &amp; families than current Birth Unit locations.</li> </ul> <p><b>Oppose:</b></p> <ul style="list-style-type: none"> <li>• Locations not evenly distributed across Grampian: sites are towards North or East Grampian with nothing in South or Central Grampian.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Why not other locations? Did you consider housing developments and transport action plans?</li> <li>• Why 250 births needed? <ul style="list-style-type: none"> <li>- One-size-fits-all approach does not meet needs of rural communities and</li> <li>- Requirement for 250 births to sustain staff skills/confidence contradicts home birth service activity levels.</li> </ul> </li> <li>• Are women able to give birth at Montrose unit? Is there potential to work more closely with NHS Tayside to best meet needs of neighbouring populations?</li> <li>• Why is there no proposal for a CMU for Moray?</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Could you introduce early labour assessment service in areas where no nearby CMU to reduce unnecessary travel if not in labour?</li> </ul>	<p>We acknowledge that one of the aspects of the proposals most likely to divide opinion is where CMUs should be located.</p> <ul style="list-style-type: none"> <li>▪ A group of staff and women undertook a comprehensive process to judge 10 locations against a range of factors. Based on available data and discussion, consensus was achieved that the proposed locations were the most likely to achieve the balance of being able to provide a safe and sustainable labour and birth service and be as accessible to as many women as possible, particularly those who need extra care and support (See Proposals Paper for more detail).</li> <li>▪ There is professional consensus of opinion that 250 births are the annual number of births in a CMU required to enable integrated midwifery teams to maintain their confidence in their labour and birth skills.</li> <li>▪ Acknowledge loss of local, highly valued service. See Proposals Paper for more detail about sustaining home birth service.</li> <li>▪ Discussions were held with Tayside midwifery colleagues and women from the South part of Grampian will continue to be able to access the Midwife Led Unit in Montrose for labour and birth care.</li> <li>▪ Dr Grays provides midwife led care and obstetric care as appropriate within a single ward setting. CMU principles are to be fully incorporated in to the service .to fit with the physical environment. Plans are underway to integrate the hospital and community midwifery teams in West Grampian in line with the 'integrated team' model.</li> <li>▪ Evidence suggests that there appears to be no increased risk to women and their babies from adopting an early labour support and assessment approach to managing care in the early stages of labour at home. Although not associated with</li> </ul>
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				improvements in clinical outcomes or cost effectiveness, early labour support and assessment appears to be associated with benefits to women's experiences of early labour. We will consider the evidence in more detail and look at the feasibility of providing such a service in rural areas which would potentially benefit from such a development.
1.3	Aberdeen CMU	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• As 1.1 above.</li> <li>• Some view proximity to Consultant Unit as positive (a safety net if complications arise during labour).</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>• Some view proximity to CU as negative (potential for more medicalised approach to labour and birth).</li> <li>• If existing facilities and current staff have capacity to cope with large number of women accessing Aberdeen e.g. one pool, ability to achieve 1:1 care in labour.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• New build or refurbishment of existing Midwife Led Unit?</li> <li>• Where will it be located? Will it be separate or alongside Consultant Unit? (See views above).</li> <li>• Consider locating in Westhill or Peterculter to be more accessible for Deeside population?</li> </ul>	<p>We welcome the support for the Aberdeen CMU proposal and are committed to its development.</p> <ul style="list-style-type: none"> <li>• See Proposals Paper for further information about Capital Funding and AMH facilities.</li> <li>• A decision about whether the Aberdeen CMU will be separate or alongside the Consultant Unit in the future has yet to be made. As women highlighted during the consultation, there are arguments for and against both options. Whatever option is agreed, it will be the principles and philosophy of the CMU model that will have a greater impact on the experiences of women and families.</li> <li>• The Aberdeen CMU also needs to be accessible for the large number of women from Aberdeen who will give birth there. See Proposals Paper for further explanation of the CMU location process.</li> </ul>
1.4	Peterhead CMU	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• As 1.1 above</li> <li>• Existing Midwife Led Unit (with reasonable throughput, high level of community support, positive experiences of service, large physical space) to build on.</li> </ul>	<p>We welcome the support for the Peterhead CMU proposal and, if approved, are committed to its development.</p> <ul style="list-style-type: none"> <li>• Acknowledge concerns of those communities in the North. See Proposals Paper for further explanation of the CMU location process and responses to concerns about transport and access and consideration of Fraserburgh as alternative.</li> </ul>

			<p><b>Oppose:</b></p> <ul style="list-style-type: none"> <li>• Not best for North coast communities.</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>• Capacity to deliver bigger range of services and serve whole of North.</li> <li>• Condition and range of existing facilities e.g. not modern, no pool.</li> <li>• Poor public transport from North communities.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Fraserburgh as alternative North CMU (more modern facility, more central location for North)?</li> <li>• If approved, is it possible to relocate Fraserburgh pool to Peterhead?</li> </ul>	<ul style="list-style-type: none"> <li>▪ There is already currently sufficient staff capacity within the Peterhead team to cope with an increased number of births on a day to day basis. With the development of integrated teams, this will mean that we are able to enhance the current service to not only accommodate more births, but also develop day assessment facilities and provide a more flexible range of services which will enable us to work with communities to address the challenges of health inequalities.</li> <li>▪ We appreciate the local community support and fundraising that has raised a substantial sum towards the installation of a pool at Peterhead. As part of the proposals we have indicated that all CMUs will have access to a birth pool. A degree of infrastructure change is needed to install a pool in Peterhead, and this will need release of capital funding. If the proposals are approved, relocating the pool from Fraserburgh will be investigated.</li> </ul>
1.5	Inverurie CMU	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Demographics of Inverurie &amp; surrounding area population: high potential to sustain CMU.</li> <li>• Ellon discussion group view that Ellon women are more likely to access Inverurie than Peterhead.</li> <li>• Potential geographical reach beyond immediate area due to accessible location.</li> <li>• Fits with wider Inverurie health &amp; care plans.</li> </ul> <p><b>Oppose/concerns:</b></p> <ul style="list-style-type: none"> <li>• Location: proximity to AMH, geographical coverage, not readily accessible for Deeside women.</li> <li>• Availability of capital funding to build.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Reassurance CMU will not negatively impact on</li> </ul>	<p>We welcome the support for the Inverurie CMU proposal and, if approved, are committed to its development.</p> <ul style="list-style-type: none"> <li>• See Proposals Paper for further information about capital funding and fit with other Inverurie plans.</li> <li>▪ Currently 85% of overall caseload from Deeside travel to Aberdeen for labour and birth care. As part of the CMU process, as well as information gained from women during the consultation discussion groups, it was acknowledged that Inverurie is not accessible for most Deeside women. Consensus of opinion was that, although Inverurie would be available as a choice to them, Deeside women would continue to utilise the services at AMH, as is currently the case. It was acknowledged that plans to integrate local midwives with an improved facility and CMU in AMH should substantially improve women's experiences of care.</li> </ul>

			<p>Inverurie Health Centre plans?</p> <ul style="list-style-type: none"> <li>• What are proposed timescales?</li> <li>• Which location within Inverurie? (Support for CMU on hospital site but concern that facilities are old).</li> <li>• Will emergency ambulance cover for transfers be appropriately resourced?</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Why not other locations? (Banchory, Insch, Huntly suggested as giving more even distribution across Central/South Aberdeenshire.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Scottish Ambulance Service believes, from the information received and meetings with NHS Grampian, that there will not be an overall increase to the current service demand for transport. However, with all new initiatives we will, in partnership, monitor and review the clinical and demand profile of the new service.</li> <li>▪ A number of possible CMU locations were considered. See Proposals Paper for further explanation of the CMU location process.</li> </ul>
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## 2. BIRTH UNIT CLOSURES (subject to formal consultation)

	Topic	Response Overview	Summary of responses received	NHS Grampian Response
2.1	Birth Unit Closures  (Responses about specific locations below)	Split views	<p><b>Aspect of proposal where greatest division of opinion:</b> Broad acceptance low birth numbers at Birth Units but difference of opinion as to whether this justifies closure.</p> <p><b>Support</b> closure due to:</p> <ul style="list-style-type: none"> <li>• Challenges in sustaining service</li> <li>• Effect of low activity levels on staff confidence in labour and birth skills.</li> <li>• Unfair &amp; ineffective use of resources</li> <li>• Issues with Birth Unit Model e.g. not staffed 24/7.</li> <li>• Location of units i.e. do not provide optimal geographical coverage for Grampian population.</li> <li>• Support conditional on CMU developments.</li> </ul> <p><b>Oppose</b> closure due to:</p> <ul style="list-style-type: none"> <li>• Removal of quality service e.g. 1:1 care</li> <li>• Removal of local, highly valued service.</li> <li>• Impact on women in labour from rural communities: concerns re distance to nearest CMU, poor public transport, road networks, winter weather.</li> <li>• Reduction in choice i.e. home birth or travel.</li> <li>• Negative experiences/views of AMH</li> <li>• Wider negative impact on rural community</li> <li>• Loss of community identity (if babies not born locally)</li> <li>• Proposals are based on numbers not quality of service</li> <li>• “Unfair” resource transfer from area of high to</li> </ul>	<p>We acknowledge and understand that the proposed Birth Unit closures will lead to a divide of opinion and, for those communities affected, that this would mean the loss of highly valued, local labour and birth facility.</p> <ul style="list-style-type: none"> <li>▪ A fuller response to the concerns and more complex questions raised about Birth Unit closures can be found in the Discussion Section of the Proposals Paper. More straightforward questions are answered below.</li> <li>▪ We acknowledge that some women may have experienced a lesser quality of experience at AMH. This is one of the challenges facing the service and which the proposals will help to address (see section 3.1).</li> <li>▪ Impact upon the wider community and, in particular, upon rural areas is a specific concern for NHS Grampian and is being addressed via the Community Health Partnerships in their wider planning of services. There is a history, past and more recent, of the development of a range of diagnostic and treatment services to meet local needs of rural communities – we are committed to this continuing in the future. The NHS Grampian Health and Care Framework supports the development of services closer to patients’ homes where safe and appropriate to do so.</li> <li>▪ Investment in the current Birth Units was necessary to ensure patient choice, improve upon service</li> </ul>

			<p>poor quality</p> <ul style="list-style-type: none"> <li>• Waste of investment made in Birth Unit facilities.</li> </ul> <p><b>Experiences:</b></p> <ul style="list-style-type: none"> <li>• A small number of women and families who had used Birth Unit shared very positive birth experiences: local, personal, known midwife, non-medical, delivered in relaxing, home-like environment.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Have all possible alternative ways to maintain staff competence &amp; confidence and retain birth units been considered e.g. flexible rota system, staff rotating into AMH?</li> <li>• NHS argument that staff from rural areas rotating into AMH has been discounted because of impact of travel &amp; number of part-time staff - does this not contradict proposal to have same staff rotating into CMUs?</li> <li>• Question NHS argument that, with similar activity levels, home birth service is safe and sustainable but Birth Units are not?</li> <li>• Could a bed be retained in Birth Unit and used by women considering/planning a home birth?</li> <li>• Will there be a negative impact on midwife skills if not delivering in birth units?</li> <li>• Will there be increased pressure on AMH if units close?</li> <li>• If units close, what plans are there for alternative use of physical space? Some suggestions for maternity service use e.g. antenatal care, base for staff, postnatal support groups.</li> <li>• What will happen to birthing pools?</li> </ul>	<p>quality and patient safety. NHS Grampian does not view this as a waste of resource as women who have used this service and who continue to do so currently are benefiting. Where appropriate, equipment that can be moved will be and utilised where women will be cared for. Discussion about future use of the Birth Units will be taken forward by the Community Health Partnership as outlined in the point above.</p>
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2.2	Aboyne Birth Unit	Split views  (of the 3 proposed closures, more opposition expressed about Aboyne)	<p><b>Support</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above.</li> </ul> <p><b>Oppose</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above.</li> <li>• Large geographical gap in service when compared to rest of Grampian.</li> <li>• Overlooks needs of population perceived to have better health but where there are issues of rural deprivation.</li> <li>• Poor road/ no public transport networks to Inverurie CMU.</li> <li>• Concern re impact on/ capacity of local emergency ambulance service (this concern was expressed in other rural communities but particular concerns re service in Upper Deeside.</li> <li>• View that trade-offs (consultant outreach) are not enough.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Could geographical reach of unit be extended to increase activity?</li> <li>• Could unit relocate to Banchory to increase activity?</li> <li>• If approved, when would Aboyne close? Before or after Inverurie CMU opens and improvements at AMH?</li> </ul>	<ul style="list-style-type: none"> <li>▪ Please see 2.1 and 4.4 and discussion section of Proposals Paper.</li> <li>▪ Currently 85% of the overall caseload from Deeside already travel to Aberdeen for both pregnancy and labour and birth care.</li> <li>▪ We are reviewing how other parts of maternity service in Deeside can be supported including the introduction of a consultant outreach clinic, enhanced screening and scanning services as well as considering other possible developments such as early labour support and assessment at home.</li> <li>• “The ambulance service provides a service to all geographical areas....With the increased monitoring and clinical supervision of [women], the number of emergency admissions should reduce. However, in the case of a call we would send the closest appropriate resource to the patient. We will of course be monitoring the changes in conjunction with NHS Grampian”. (Scottish Ambulance Service)</li> <li>• Aboyne was considered as part of the CMU location process, and the consensus was that due to the location of the Aboyne unit it is not accessible to a large number of women and therefore location is self limiting in terms of the wider population. Aboyne is already offered as a choice to all women in Grampian who are eligible for midwife led labour and birth care, and women are not choosing to use the facility in large numbers.</li> </ul>
2.3	Banff Birth Unit	Split views  (more support)	<p><b>Support</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above.</li> <li>• Banff unit currently not operational.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Please see 2.1 above.</li> <li>▪ Banff Birth Unit was closed due to staffing difficulties. This is one of the problems with the</li> </ul>

		/ less opposition expressed to proposed closure than Fraserburgh & Aboyne)	<p><b>Oppose</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above.</li> <li>• Distance from nearest unit.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Why did Banff unit shut?</li> <li>• Was there any effect on Fraserburgh BU or home birth activity when Banff closed?</li> </ul>	<p>current service model addressed within the overall proposals and development of integrated teams and CMUs.</p> <ul style="list-style-type: none"> <li>▪ Prior to the temporary closure of the Banff unit in August 2009, very small numbers of women chose to utilise this service - nine in that year. The majority of women in this area chose to access Dr Gray's prior to the closure and continue to do so. Very small numbers choose Fraserburgh Birth Unit or home birth.</li> </ul>
2.4	Fraserburgh Birth Unit	Split views  (more support/ less opposition expressed to proposed closure than about Aboyne)	<p><b>Support</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above</li> <li>• Proposal for CMU in Peterhead to serve North Aberdeenshire population.</li> </ul> <p><b>Oppose</b> closure due to:</p> <ul style="list-style-type: none"> <li>• As 2.1 above.</li> <li>• Degree of cynicism/ apathy: why Birth Unit model introduced; how genuine consultation is (view that decision already made).</li> <li>• Community hospital would only serve older population in community.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Does Peterhead have capacity to serve North?</li> <li>• Concern that unit closure could have negative impact on long-term sustainability of community hospital.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Please see 1.4, 2.1, 4.5 and the discussion section of the Proposals Paper.</li> <li>▪ 92% of the overall caseload of women from the Banff and Buchan area already travel to a consultant unit for labour and birth care.</li> <li>▪ We acknowledge and understand the degree of cynicism and apathy within the Fraserburgh community, due to the previous process that led to the introduction of the Birth Units.</li> <li>▪ NHS Grampian is fully committed to the long-term sustainability of Fraserburgh community hospital. This can be evidenced with the level of investment over recent years, some of which includes extensive refurbishment of casualty and the GP acute ward; the creation of a stroke rehabilitation unit and old age psychiatry ward, introduction of gastro-intestinal clinic, introduction of digital X-ray and planned introduction of endoscopy and creation of an audiology booth with the ability to cater for children.</li> </ul>

### 3. CONSULTANT UNITS

	Topic	Response Overview	Summary of response received	NHS Grampian Response
3.1	Aberdeen	Support (for improvement)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>For improvements to quality of care and experience for women and families at AMH.</li> </ul> <p><b>Mix of experiences</b> of care gathered:</p> <ul style="list-style-type: none"> <li>Some positive experiences, particularly for women with high risk characteristics who required more care and support.</li> <li>Some negative experiences: examples about quality of care, delays, lack of 1:1 care, lack of support, staff attitude.</li> <li>Majority felt the type of experience they had related to staff capacity; common view that AMH staff are under significant pressure; many see more staff as solution.</li> <li>Negative perceptions amongst some women who have not given birth at AMH.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>What will be impact of CMU plans and Birth Unit closures on AMH?</li> <li>How will improvements be achieved?</li> <li>Is more staff not the answer to issues?</li> <li>Will improvements take place before Birth Units are shut?</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>Virtual tour of AMH</li> </ul>	<p>We welcome the support for improving the quality of care provided at Aberdeen Maternity Hospital and value the information shared about both positive and negative experiences of care.</p> <ul style="list-style-type: none"> <li>We are aware of pressures at Aberdeen Maternity Hospital and believe that the overall proposals will impact positively on this. Valuable information shared by women and this will inform work being taken forward in a number of ways to improve quality of service e.g. postnatal and breastfeeding support.</li> <li>CMU developments, along with other developments including the enhancement of scanning and screening clinics and community based consultant clinics, will reduce the number of women that need access AMH for care during pregnancy and for labour and birth. This means that those women who do need to access AMH will have an improved quality of experience due to the decrease of workload pressure.</li> <li>Review of workforce planning and the integration of community midwives into CMU model will improve the ability to provide 1:1 care within the CMU in Aberdeen that is not currently achieved.</li> <li>The sequencing of events is vital to ensure quality is maintained over whole maternity service. Please see Implementation Plan in Proposals Paper.</li> <li>Progress is being made with work to review and improve information and develop pregnancy e-portal with plans to include virtual tours of all birth facilities, including AMH.</li> </ul>

3.2	Aberdeen Facilities	Support (for relocation)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>Relocation of AMH (widespread recognition that current facilities are not fit for purpose).</li> </ul> <p><b>Suggestions (based on negative or difficult experiences):</b></p> <ul style="list-style-type: none"> <li>Stop people smoking at hospital entrance</li> <li>Design a separate entrance for couples attending fertility clinic and Rubislaw ward.</li> <li>Design flow so separation of low and high risk.</li> <li>Relocate closer to Children’s Hospital with internal access.</li> <li>Improve parking facilities.</li> </ul> <p><b>Concern/Question:</b></p> <ul style="list-style-type: none"> <li>Timing and funding of relocation?</li> </ul>	<p>We welcome the support for the long-term proposal to relocate AMH.</p> <ul style="list-style-type: none"> <li>The need to replace AMH has been recognised by NHS Grampian for some time and a new location for the facilities has been identified next to the Children’s Hospital on the Foresterhill site. Please see Capital Funding section in Proposals Paper for more information. Suggestions to redesign facilities are appreciated and although the ability to achieve these is curtailed due to the current facilities, they will be considered with any major refurbishment or new build.</li> <li>Capital funding has been allocated for an additional theatre at AMH which will support the provision of simultaneous elective and emergency theatre lists</li> <li>Concerns raised about people smoking at the entrance to AMH are fully acknowledged and we are progressing with the development of a ‘fresh air zone’ for the two AMH entrances: the main entrance and the Antenatal Clinic entrance.</li> <li>In response to patient and visitor complaints about parking, arrangements for car parking at Foresterhill Health Campus are changing. Due to limited parking on the site, from summer 2012, we will be introducing controls to create safer and more readily available parking for patients. There will be designated parking areas on the main hospital site for patients, staff and disabled badge holders. Under the new system patient parking areas will be available closer to clinic and/or ward areas.</li> </ul>
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3.3	Elgin	Support (to retain)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>To retain Consultant Unit: provides local consultant-led labour &amp; birth service in West Grampian (long distance/road network to AMH), reduces pressure on AMH.</li> </ul> <p><b>Experiences:</b></p> <ul style="list-style-type: none"> <li>Positive experiences of quality of care.</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>Some concern expressed about long term sustainability of unit due to fragility of interdependent services i.e. paediatrics/neonatal cover.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>What about a CMU at DGH?</li> <li>Could Orkney women have choice to attend DGH (currently attend AMH)?</li> </ul>	<p>We welcome the support to retain a Consultant Unit at Dr Gray's Hospital in Elgin and the positive experiences of care shared.</p> <ul style="list-style-type: none"> <li>NHS Grampian recognises that the paediatric services within Moray are fragile and NHS Grampian is part of the review of paediatric services across the North of Scotland which is on-going currently. Possible models of service delivery which could enhance the sustainability of services locally are being explored. We are committed to informing and engaging with the public on potential service change. The neonatal support to the obstetric service is provided by both paediatricians and midwives trained in neonatal nursing care and we are committed to continuing to support the obstetric service locally</li> <li>Dr Grays provides midwife led care and obstetric care as appropriate within a single ward setting. CMU principles are to be fully incorporated in to the service .to fit with the physical environment. Plans are underway to integrate the hospital and community midwifery teams in West Grampian in line with the 'integrated team' model.</li> <li>Discussions between NHS Grampian and NHS Orkney about the organisation and provision of services have just started, and this option will be considered. In principle, there is no reason why women could not deliver in Elgin if this was more convenient for them. It should be noted that Elgin does not have the medical staff necessary to look after significant numbers of high risk cases and that many women from the islands who need to deliver in NHS Grampian will need the neonatal services provided in AMH.</li> </ul>
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#### 4. OUTREACH SERVICES

	Topic	Response Overview	Summary of responses received	NHS Grampian Response
4.1	Continue <b>scanning and screening</b> clinics across Grampian	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Benefits of local services to women, families &amp; communities.</li> <li>• Positive experiences of current clinics.</li> </ul> <p><b>Question:</b></p> <ul style="list-style-type: none"> <li>• Is there potential to use telehealth?</li> </ul>	<p>We welcome the support for scanning and screening clinics across Grampian and are committed to this.</p> <ul style="list-style-type: none"> <li>• Positive impact on health inequalities and deprivation by easier access and reduced travel for women throughout pregnancy.</li> <li>▪ There is work being undertaken currently to investigate the use of telehealth in maternity care across Scotland; with a local desire to develop this form of support with possibilities around scanning remotely; ante-natal assessment; recording care via 'digipens' (which will release staff time by reducing duplication of effort and will improve communication between different parts of the service); women recording their own information on laptops and linking with midwives remotely; and there is also work nationally and locally in Moray using social networking media to promote health messages and provide information to women and families.</li> </ul>
4.2	Continue <b>consultant outreach</b> across Grampian.	Support	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Benefits of local services to women, families &amp; communities.</li> <li>• Positive experiences of current outreach.</li> </ul> <p><b>Question:</b></p> <ul style="list-style-type: none"> <li>• Is there potential to use telehealth?</li> </ul>	<p>We welcome the support for consultant outreach across Grampian and are committed to enhancing provision.</p> <ul style="list-style-type: none"> <li>▪ Positive impact on health inequalities and deprivation by easier access and reduced travel throughout pregnancy.</li> <li>▪ See 4.1 re telehealth.</li> </ul>

4.3	Possible relocation of clinics from <b>Huntly</b> to Inverurie	Concerns/ opposition (localised)	<p><b>Concerns/ oppose:</b></p> <ul style="list-style-type: none"> <li>• Accessibility of other clinic locations – distance, lack of public transport, winter weather</li> <li>• Geographical coverage</li> <li>• Loss of local, quality service</li> <li>• Removal of choice</li> <li>• Potential impact on viability of DGH</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Is there data to support relocation?</li> <li>• Who would staff Inverurie clinics (consultants from AMH or DGH)?</li> <li>• If approved, would relocation happen before or as part of Inverurie CMU plans?</li> </ul>	<p>We acknowledge concerns raised.</p> <ul style="list-style-type: none"> <li>▪ Location and frequency of clinics needs further work and we plan to take a systematic approach to review this (similar to process undertaken to decide upon proposed CMU locations).</li> </ul>
4.4	Introduction of consultant outreach in <b>Banchory</b>	Support but some concerns (localised)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Introduction of new service for Deeside</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>▪ Access and distance for Upper Deeside women</li> <li>▪ Proximity to Aberdeen Maternity Hospital (AMH)</li> </ul> <p><b>Suggestion</b></p> <ul style="list-style-type: none"> <li>▪ Aboyne as alternative location to Banchory</li> </ul>	<p>We welcome the support about the introduction of consultant outreach in Banchory and acknowledge where there are concerns.</p> <ul style="list-style-type: none"> <li>• In 2010, women from Deeside travelled to AMH for 345 appointments for either a consultation with a consultant obstetrician or an ultrasound scan. These figures suggest that a significant number of women would benefit from an enhanced local scanning and screening service and the introduction of a community based obstetric service in Deeside.</li> <li>• See 4.3 above.</li> </ul>
4.5	Increase consultant outreach in <b>Fraserburgh</b>	Support	<p>Note: due to a new consultant appointment in AMH and reorganisation of duties within the department the ability to increase consultant outreach in Fraserburgh became possible during the consultation period.</p>	<p>We welcome the support for increasing consultant outreach in Fraserburgh.</p> <ul style="list-style-type: none"> <li>▪ Consultant clinics in North Aberdeenshire have increased to weekly between Peterhead and Fraserburgh. This enhanced service started in April 2012 and there is now a consultant clinic every week in North-east Aberdeenshire – either in Fraserburgh</li> </ul>

				<p>or Peterhead.</p> <ul style="list-style-type: none"><li>▪ In 2010, women from Fraserburgh attended 438 appointments with a consultant obstetrician in their local community hospital. Since April 2012, this service has been increased from every four weeks to every two weeks which means many more women will now be supported to have more care locally, removing the need to travel to AMH</li></ul>
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## 5. OTHER ASPECTS OF PROPOSALS

	Topic	Response Overview	Summary of response received	NHS Grampian Response
5.1	Continue to provide home birth service	Support (but questions)	<p><b>Support</b></p> <ul style="list-style-type: none"> <li>• Continue to provide home birth service (choice)</li> <li>• Integrated teams will make home births safer/more sustainable</li> <li>• Minority view: home birth not safe.</li> </ul> <p><b>Views and experiences of women:</b></p> <ul style="list-style-type: none"> <li>• Experiences that home birth is not always proactively offered or confidently promoted.</li> <li>• Request that service is appropriately resourced and promoted.</li> <li>• Positive experiences shared by the small number of women who have had a home birth.</li> <li>• Many women said they would not choose home birth (mix of reasons: mess, suitability of house, presence of other children, perceptions re safety).</li> </ul> <p><b>Questions/concerns</b></p> <ul style="list-style-type: none"> <li>• Why is a home birth service with low activity viewed by NHS as safe but Birth Units, with similar activity levels, are not?</li> <li>• If service can sustain a home birth service why not also keep Birth Units open where there is also low activity?</li> <li>• If birth units close, is there the capacity to sustain home births if there is increased demand (especially in rural areas)?</li> <li>• Will ambulance service be able to cope if more home births?</li> </ul>	<p>We welcome the support for the continued provision of a home birth service and appreciate learning about the positive experiences of the service and negative experiences around how it is promoted.</p> <ul style="list-style-type: none"> <li>• The current service is properly resourced, however if two women requesting a home birth, labour simultaneously, one will need to access care elsewhere i.e. in a labour and birth facility. This is a very rare event and is discussed with women as part of their preparation for a home birth.</li> <li>• We acknowledge that there was a lack of information in the consultation paper about the home birth service.</li> <li>• Under the proposals the service will be safer and more sustainable, but due to the level of complexity in responding to the questions raised, a fuller response to the questions raised during the consultation can be found in the Proposals Paper.</li> </ul>

			<p><b>Suggestion:</b></p> <ul style="list-style-type: none"> <li>• Is it possible to provide bed in community hospitals where no nearby CMU for women to give birth?</li> </ul>	
5.2	Integrated community teams	Support (but also concerns & questions)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Fairer distribution of community caseloads (better for women and staff in areas where very high caseloads).</li> <li>• Benefits for women &amp; families (particularly those with particular needs) of whole maternity team approach.</li> </ul> <p><b>Concerns/questions:</b></p> <ul style="list-style-type: none"> <li>• More detail needed re how teams will work: <ul style="list-style-type: none"> <li>- Where will CMWs be based?</li> <li>- Where will antenatal care be delivered?</li> <li>- Which CMU will Deeside link with?</li> <li>- Capacity to provide quality local service if CMWs rotating into CMUs?</li> <li>- Amount of time more rural CMWs will spend travelling?</li> <li>- Impact on AMH staffing?</li> </ul> </li> </ul> <p><b>Suggestion</b></p> <ul style="list-style-type: none"> <li>• Request for staff involvement in process to develop/implement teams.</li> </ul>	<p>We welcome the support for the introduction of integrated community teams and acknowledge the concerns and questions raised.</p> <ul style="list-style-type: none"> <li>• The small midwifery teams are very fragile and susceptible to staff absences. Larger integrated teams provide greater flexibility, are more stable and less likely to lead to a compromised provision of service for women and families.</li> <li>• Community midwives will continue to be based in their local communities but will spend a proportion of their team working in their local CMU.</li> <li>• Routine antenatal care will continue to be delivered locally in GP practices (or other appropriate local premises) as is currently the case. Capacity has been carefully thought out when providing costs for the reconfigured service taking into consideration opportunities to utilise existing resources more efficiently and effectively.</li> <li>• We acknowledge that staff are anxious for more detail about the implementation of integrated community teams and have commenced an engagement process with staff to seek their input into the developments of the teams, and have made a commitment to continue to involve both staff and local women.</li> </ul>

5.3	Changes to staff skill mix	Support (but concerns)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• More effective use of resource e.g. reduce time midwives spend doing paperwork.</li> <li>• Positive experiences from staff and women of support worker role e.g. breastfeeding support.</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>• Unqualified staff will be asked to undertake activities of qualified staff.</li> <li>• Possible negative impact on quality of care.</li> </ul>	<p>We welcome the support for changes to staff skill mix and acknowledge where there are concerns.</p> <ul style="list-style-type: none"> <li>▪ The modelling that has been undertaken ensures midwife: birth ratio is maintained. The Royal College of Midwives/ Royal College of Obstetricians and Gynaecologists standard is 1: 28 and will be maintained. We do not intend to reduce the number of midwives but there is a need to consider a more appropriate skill mix to make best use of staff skills. 50% of midwife time is currently non-patient facing time; this means that time is taken away from women e.g. in providing 1:1 care/ postnatal support. Non patient facing activities such as administration would be better supported by administrative staff and assistants. Peterhead is a good example of where a skill mix has been introduced to include Maternity Care Assistants and dedicated administrative support. This has released midwives time to support clinical care.</li> </ul>
5.4	Grampian-wide service (with single management structure)	Support/ Localised concerns expressed (Moray)	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• More equitable and fairer distribution of resources.</li> <li>• Standardisation of care for women and families.</li> <li>• Removal of artificial boundaries between different parts of Grampian.</li> </ul> <p><b>Concerns:</b></p> <ul style="list-style-type: none"> <li>• Potential for micro-management/ reduction in local influence</li> <li>• Will lead to resource transfer from DGH to AMH and concern this will affect quality of care at DGH.</li> </ul>	<p>We welcome the support for the introduction of a Grampian wide service with a single management structure and acknowledge concerns in Moray.</p> <ul style="list-style-type: none"> <li>▪ The development of a single management structure for the maternity services across NHS Grampian is about the consistent approach to high quality, safe, effective patient centred care for all who access the service, wherever they live in Grampian.</li> <li>▪ The structure managerially will take cognisance of the geography of Grampian, where services are located, and the staff and resources available. The structure of support is based around teams</li> </ul>

				<p>and the local 'micro' management will come from within the integrated teams and specialist teams which make up the overall service; supported by Grampian wide policy and accountability and governance frameworks.</p> <ul style="list-style-type: none"><li>▪ Although resource transfer is not a motivating factor for the introduction of a Grampian wide service, moving to the proposed model will share out the work load and allows all areas to move closer to the required 1:1 birth care and help ensure manageable caseloads for midwives across the whole of Grampian.</li></ul>
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## 6. EXPERIENCES OF SERVICE (not covered above)

	Topic	Response category/ level	Summary of response received	NHS Grampian Response
6.1	Antenatal care & education	Mix of experiences.	<p><b>Support:</b></p> <ul style="list-style-type: none"> <li>• Most women support roll out of 30 minute appointments. Some women said they would prefer more frequent appointments.</li> </ul> <p><b>Positive experiences:</b></p> <ul style="list-style-type: none"> <li>• Continuity of care with community midwife.</li> <li>• Quality of care and support provided.</li> </ul> <p><b>Negative experiences:</b></p> <ul style="list-style-type: none"> <li>• Structure and content of antenatal classes in some areas.</li> <li>• Lack of local classes (in Aberdeen and rural areas) – more difficult to build local support network with other mums.</li> <li>• Lack of information to help make informed choice particularly around labour and birth.</li> <li>• When women have concerns between appointments, unable to speak to community midwife quickly.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Provide information, education and support in range of ways e.g. hard copy, electronic, face-to-face, peer support.</li> </ul>	<p>We appreciate that women and families have shared their experiences, positive and negative, about the maternity service. Many of the issues raised during the consultation are being taken forward within the service as part of the wider maternity services review.</p> <ul style="list-style-type: none"> <li>• We are committed to introducing a revised programme of antenatal education across Grampian which is more flexible and accessible to women and their partners, and delivered locally. We have listened to what women have told us throughout the consultation and the introduction of integrated teams will allow us to deliver a programme of education which is reflective of the needs of women and their partners as opposed to the boundaries of small geographical community teams.</li> <li>• Healthcare Improvement Scotland has developed a core syllabus for the delivery of antenatal parent education and we are currently working to ensure our services incorporate this core syllabus into practice, with a focus on ensuring this is delivered in local communities. This work is being led by the Antenatal Education steering group with representation from all key stakeholders including women. <ul style="list-style-type: none"> <li>▪ 30 minute appointments are already embedded in practice across Aberdeenshire. We are currently working with staff across Aberdeen City and Moray to implement this standard.</li> <li>▪ Women currently receive information during appointments with midwives and others as well as information books and leaflets. However it is recognised</li> </ul> </li> </ul>

				<p>that women and their families access information in a number of different ways including TV and the Internet. Using the Internet as a conduit to complement more traditional healthcare information delivery methods is becoming increasingly mainstream.</p> <ul style="list-style-type: none"> <li>▪ NHS Grampian is in the process of reviewing how a 'pregnancy e-portal' could be supported and developed. This will be web based and will aim to ensure that more information for women and health professionals is available to support consistent care and advice for women and partners before and throughout pregnancy.</li> <li>▪ One example of the content to be developed is a 360° virtual tour of all places for labour and birth in Grampian, which will support women and their partners to make their choices and help prepare them for labour and birth</li> </ul>
6.2	Postnatal Care	Mix of experiences.	<p>Mix of experiences shared but main areas of concern were:</p> <p><b>Hospital Discharge process:</b></p> <ul style="list-style-type: none"> <li>• Experience of delays at AMH</li> </ul> <p><b>Routine transfer:</b></p> <ul style="list-style-type: none"> <li>• Mixed views amongst women about going home routinely after giving birth. Some prefer to be at home, but many others expressed concerns: <ul style="list-style-type: none"> <li>- For first time mothers</li> <li>- For establishing breastfeeding</li> <li>- If women being discharged at night</li> <li>- If there are issues such as tongue-tie or jaundice that may be missed</li> </ul> </li> <li>• Concerns about how policy is being implemented i.e. whether midwives have discretion to be flexible.</li> </ul>	<p>We appreciate that women and families have shared their experiences, positive and negative, about the maternity service. Many of the issues raised during the consultation are being taken forward within the service as part of the wider maternity services review.</p> <ul style="list-style-type: none"> <li>▪ Following some of the views expressed during the consultation, a commitment was made to discuss implementation of the routine "transfer to the community" policy with midwives and seek further experiences from women.</li> <li>▪ NHS Grampian is committed to achieving UNICEF baby friendly accreditation across all sectors and work is ongoing, supported by infant feeding coordinators, to improve breastfeeding support and advice from all professionals – both in the hospital and home settings. In May this year Dr Gray's has achieved full UNICEF accreditation and Aberdeen City, Aberdeenshire and</li> </ul>

			<p><b>Breastfeeding:</b></p> <ul style="list-style-type: none"> <li>• Mixed experiences of support received in hospital and community.</li> <li>• Positive experiences of breastfeeding support groups.</li> </ul> <p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• Postnatal bed in community hospitals.</li> </ul>	<p>Moray CHP have all been assessed for stage 1. AMH will be assessed for final accreditation by the end of this year.</p> <ul style="list-style-type: none"> <li>▪ Work to address the aspects raised concerning postnatal care is already being progressed so that improvements can be made, not only in Aberdeen Maternity Hospital but right across the maternity service. A day has been held for midwifery staff across Grampian and service improvement methods were used to support the identification of changes that will enhance the person-centred service provided. This is an initial step that must then be inclusive of women and be evaluated to ensure that identified changes are sustained and continue to meet needs of women and families.</li> <li>▪ If women require to stay in hospital postnatally for either clinical or social reasons then they also require the support of a midwife which would not be available within a community hospital – therefore this is not a viable option.</li> </ul>
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## Attendance at Public Meetings

Area	Total	Public	Council	Staff	Other
Aberdeen afternoon	5	2	0	0	3
Aberdeen evening	0	0	0	0	0
Aboyne afternoon	22	10	2	9	1
Aboyne evening	13	3	2	7	1
Banff afternoon	3	1	0	1	1
Banff evening	3	1	0	2	0
Elgin afternoon	13	4	3	3	3
Elgin evening	13	7	3	2	1
Fraserburgh afternoon	9	1	1	3	4
Fraserburgh evening	13	6	2	3	2
Huntly afternoon	9	4	0	1	4
Huntly evening	4	1	2	1	0
Inverurie afternoon	14	5	3	3	3
Inverurie evening	9	6	1	2	0
Peterhead afternoon	17	8	0	6	3
Peterhead evening	18	14	0	4	0
Stonehaven afternoon	2	0	0	2	0
Stonehaven evening	4	3	0	1	0
<b>Total</b>	<b>171</b>	<b>76</b>	<b>19</b>	<b>50</b>	<b>26</b>

\*A small number of local staff attended afternoon and evening sessions and have been counted twice. Numbers exclude Review Team, Executive Team and CHP Managers on panel.

\*Public includes service users, public, Community Council; Council includes councillors/MSP representatives/council staff; Staff is local staff; Other= reporter; non-exec Board member; SHC.

**Attendance at Discussion Groups with Women and Families**

<b>Area</b>	<b>Attendance</b>
Aberdeen (2 groups)	19
Aboyne	7
Banchory	9
Banff	13
Ellon	7
Fraserburgh	9
Grampian	6
Huntly	3
Kintore	7
Moray	4
Portlethen	9
<b>Total Attendance</b>	<b>93</b>

## Formal Responses Received

	<b>Respondent</b>	<b>Level of Support</b>	<b>Main Comments about Proposals</b>
1	NHS Shetland	Support	<ul style="list-style-type: none"> <li>Proposals will release AMH capacity for benefit of Shetland women.</li> </ul>
2	NHS Highland	Support	<ul style="list-style-type: none"> <li>Retention of Consultant Unit at Dr Gray's means little impact.</li> <li>Longer term consideration of North of Scotland Maternity Network.</li> </ul>
3	NHS Orkney	Support	<ul style="list-style-type: none"> <li>Public concern re impact of proposals on AMH staffing.</li> <li>Could Orkney women attend Dr Gray's under Grampian wide service?</li> </ul>
4	Moray GP Group	Support	<ul style="list-style-type: none"> <li>Retention of Consultant Unit at Dr Gray's</li> </ul>
5	Inverurie Medical Group	Support (qualified)	<ul style="list-style-type: none"> <li>Seek reassurance that Inverurie CMU will not impact negatively on health centre plans.</li> <li>Seek reassurance that emergency ambulance cover will be resourced.</li> <li>Do not see GPs providing obstetric input into CMU.</li> </ul>
6	Inverurie Patient Participation Group	Support	<ul style="list-style-type: none"> <li>364 signatories in support of Inverurie CMU.</li> </ul>
7	Mid Deeside Community Council	Do not support	<ul style="list-style-type: none"> <li>Aboyne Birth Unit proposed closure.</li> <li>250 births per unit: does not meet needs of rural communities.</li> <li>Inverurie CMU – not accessible from Deeside and no capital plan provision made.</li> </ul>
8	Torphins Community Council	Do not support (qualified)	<ul style="list-style-type: none"> <li>Aboyne Birth Unit proposed closure.</li> <li>Support other parts of the proposals.</li> </ul>
9	Ballater and Crathie Community Council	Do not support (qualified)	<ul style="list-style-type: none"> <li>Negative impact of proposals on Upper Deeside</li> <li>Aboyne Birth Unit proposed closure.</li> <li>Support Banchory Consultant Outreach but public transport concerns.</li> <li>Inverurie CMU – not accessible from Deeside.</li> </ul>
10	Friends of Jubilee Community Hospital	Do not support	<ul style="list-style-type: none"> <li>Relocation of Huntly clinics to Inverurie.</li> </ul>
11	Learning Disability Group (Aberdeen)	Support	<ul style="list-style-type: none"> <li>Improvements should be made as soon as possible.</li> </ul>
12	Aberdeenshire Council	Mixed	<ul style="list-style-type: none"> <li>Support for focus on equity of access, additional support for those women who need, Inverurie &amp; Peterhead CMUs, integrated teams, increase in</li> </ul>

			<ul style="list-style-type: none"> <li>• Urge Board to reconsider Aboyne Birth Unit closure and to maintain Huntly clinics (note that no data).</li> <li>• Reassurances sought including local plans considered; funding; continuity of access during transition; alternative methods of maintaining midwife skills considered</li> </ul>
13	Clinical Psychologist	Support Suggestion	<ul style="list-style-type: none"> <li>• Changes to labour and birth facilities</li> <li>• Develop psychological perinatal services.</li> </ul>
14	Risk Management Midwife	Support	<ul style="list-style-type: none"> <li>• General support</li> </ul>
15	Dennis Robertson, MSP	-	<ul style="list-style-type: none"> <li>• Comment on timing of consultation</li> </ul>
16	Marcus Humphrey, Local Cllr (at time of response)	Mixed	<ul style="list-style-type: none"> <li>• Proposed structure about staff organisation and management</li> <li>• Support CMU locations (capital funding concerns).</li> <li>• Concern re Aboyne Birth Unit closure.</li> </ul>
17	Service user	Support (qualified)	<ul style="list-style-type: none"> <li>• Support emphasis on normal birth &amp; informed choice.</li> <li>• Need to focus on care as well as facilities/functions.</li> </ul>
18	Service user	Do not support	<ul style="list-style-type: none"> <li>• Aboyne Birth Unit closure.</li> </ul>
19	Service user	Do not support	<ul style="list-style-type: none"> <li>• Aboyne Birth Unit closure.</li> </ul>
20	Service user	Do not support	<ul style="list-style-type: none"> <li>• Fraserburgh Birth Unit closure.</li> </ul>
21	Service user	Mixed	<ul style="list-style-type: none"> <li>• Support Home Birth Service.</li> </ul>
22	Service user	-	<ul style="list-style-type: none"> <li>• Experience of services.</li> </ul>
23	Service user	Support	<ul style="list-style-type: none"> <li>• Support CMU model and Inverurie location.</li> </ul>
24	Service user	Support Suggestion	<ul style="list-style-type: none"> <li>• CMU location process &amp; recommendations.</li> <li>• Various suggestions for service improvements.</li> </ul>
25	Public	Do not support	<ul style="list-style-type: none"> <li>• Birth Unit closure (especially Aboyne)</li> </ul>
26	Public	Do not support	<ul style="list-style-type: none"> <li>• Fraserburgh Birth Unit closure</li> </ul>
27	Public	Do not support	<ul style="list-style-type: none"> <li>• Fraserburgh Birth Unit closure</li> </ul>
28	Public	Do not support (qualified)	<ul style="list-style-type: none"> <li>• Aboyne Birth Unit closure</li> <li>• Support CMU model but needs to be local.</li> </ul>
29	Public/ Montrose Unit link	Mixed	<ul style="list-style-type: none"> <li>• Support pattern of CMUs especially Inverurie, focus on inequalities, home birth service.</li> <li>• Do not support lack of CMU in Banchory.</li> <li>• Perception that no appetite for joint working with NHS Tayside over CMU provision on border.</li> </ul>

## Appendix E

### Presentation and/or Discussion with Groups and Committees

1	Aberdeen City CHP Committee
2	Aberdeenshire CHP Committee
3	Moray CHSCP Committee
4	Acute Sector Management Team
5	Grampian Operational Management Team
6	Moray Operational Management Team
7	Grampian Area Nursing & Midwifery Advisory Committee
8	GP Sub Committee
9	Consultant Sub Committee
10	AHP Advisory Committee
11	Area Clinical Forum
12	Grampian Area Partnership Forum
13	North of Scotland Planning Group
14	Shetland Maternity Forum (part of NHS Shetland response)
15	Orkney Clinical Governance Committee
16	NHS Tayside Midwifery Colleagues
17	Learning Disability Group of Aberdeen (formal response)
18	Aberdeen Civic Forum (informal response)
19	Orkney Public Partnership Forum (part of NHS Orkney response)
20	Scottish Ambulance Service
21	MPs/MSPs & NHS Grampian meeting
22	Aberdeenshire Council – full Council and 6 area committees (formal response)
23	Meeting with Eilidh Whiteford, MP & Stewart Stevenson, MSP
24	Moray Council Health & Social Care Committee
25	Aberdeen Integrated Children's Services Partnership
26	RGU Student Midwives (group of 3 <sup>rd</sup> year students)
27	Senior Obstetrician and Gynaecologist Group



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## **A report on NHS Grampian's Consultation on proposed changes to the Maternity Service in Grampian**

June 2012

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## 1. Summary

- 1.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 1.2. This report on NHS Grampian's process for involving local people in the review of maternity services outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by local people during the engagement and consultation process.
- 1.3. NHS Grampian's consultation on proposed changes to maternity services is part of its wider review of maternity services which began in April 2010. NHS Grampian undertook an option appraisal in spring 2011 to discuss the configurations of services with clinicians, managers and public representatives. Formal consultation took place between 11 December 2011 and 22 March 2012. The Board's preferred option is to retain home births, close the three Birthing Units (Banff - not currently operational, Fraserburgh and Aboyne) and replace them with two Community Maternity Units (Peterhead and Inverurie) in Aberdeenshire with the introduction of more consultant outreach and scanning in localities. The services at Elgin would remain unchanged. Although not part of this consultation longer term aims are to relocate Aberdeen Maternity Hospital within the Foresterhill site and the Midwife Led Unit at Aberdeen Maternity Hospital would be developed into a Community Maternity Unit.
- 1.4. The current service model includes home births, three Birth Units (Banff -not currently operational, Fraserburgh and Aboyne), the Aberdeen alongside Midwife Led Unit at Aberdeen Maternity Hospital, the Specialist Unit at Aberdeen Maternity Hospital and the Consultant Unit in Dr Gray's Hospital Elgin. NHS Grampian also provides specialist care to women from Orkney, Shetland, Highland and Tayside NHS Board areas.
- 1.5. A Maternity Services Leadership Group was established for the maternity review with three public representatives and this group helped to plan the option appraisal and the consultation process.
- 1.6. An improvement event known as a 'Value Stream Analysis' (VSA) was held in August 2010 with staff, public representatives and neighbouring NHS Boards. The outcomes from the event included the draft maternity strategy and the decision to undertake the option appraisal on the

configuration of services. Other workstreams which would not require public consultation were also identified.

- 1.7. The consultation on NHS Grampian's draft strategy for maternity services 2010-2015 was carried out between October and November 2010. This raised the awareness of the challenges facing maternity services, and enabled NHS Grampian to add groups with an interest in maternity services to their contacts database which provided a foundation for the later consultation on the configuration of services.
- 1.8. After the option appraisal NHS Grampian carried out further work during May and June 2011 with clinicians, managerial staff and public representatives to consider potential locations for the Community Maternity Units in Aberdeenshire. The group recommended Peterhead and Inverurie as the best locations for the two units.
- 1.9. NHS Grampian's Board reviewed the results of the option appraisal and agreed to consult on the preferred option in December 2011. NHS Grampian stated in its consultation paper that although it had a preferred option it would consider alternative suggestions that were put forward during the consultation process.
- 1.10. A range of methods were used to gather the views of women, staff, the public and other interested parties during the consultation including; a survey, open meetings, discussion groups with women and families, responses (email and letter), staff briefings, presentations to key NHS staff and local authority groups and committees and meetings with MPs, MSPs, and local councillors.
- 1.11. The main issues raised at most of the meetings related to intrapartum care (management and delivery of care to women in labour) and especially in those areas where the Birth Units were being considered for closure. There was also discussion about parts of the maternity review that were not the subject of the consultation: for example, NHS Grampian's routine transfer of care policy and how it is applied.
- 1.12. The Scottish Health Council quality assured the process followed by NHS Grampian using a variety of methods, for example:
  - attendance at Maternity Service Leadership Group meetings, the option appraisal workshops and at the open meetings organised by NHS Grampian
  - evaluation with the public representatives who took part in the option appraisal and joint evaluation of the open meetings
  - asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and discussions with groups
  - reviewing NHS documents relating to the service change.

- 1.13. The Scottish Health Council is satisfied that NHS Grampian has followed the Scottish Government's guidance<sup>1</sup> on involving local people in service change.
- 1.14. The Scottish Health Council acknowledges the work undertaken by NHS Grampian in conducting this engagement and consultation and the range of methods it has used to engage with people.
- 1.15. NHS Grampian has expressed its commitment to continuing its involvement of service users and communities across Grampian in the implementation of the proposals if the preferred option for service change as set out in the consultation is approved. This would be particularly important in areas where concern has been expressed about the potential impact of closing existing facilities.
- 1.16. We recognise the efforts made by NHS Grampian to support and involve the public in the option appraisal process. Several aspects were particularly helpful - the guide to option appraisal, the table with specific examples of what the criteria meant, and the mid-way evaluation with the public representatives. We recommend sharing these aspects within NHS Grampian and with other NHS Boards to consider implementing in future option appraisal processes.
- 1.17. NHS Grampian used the learning from a previous consultation on maternity services in 2006 to inform its approach to this consultation, and ensured that service users who has been involved in the previous process had opportunities to be involved again.
- 1.18. NHS Grampian engaged with the Scottish Health Council at an early stage in its process. It invited us to attend the Maternity Services Leadership Group meetings to advise on the engagement process and has been responsive to feedback we have provided throughout the process. This has resulted in good and continuing communication between the organisations.
- 1.19. Some of the public representatives who had been involved in the option appraisal attended the open meetings in their own area. The Scottish Health Council felt this was helpful in explaining the public representatives' role in the process and their perspective on the proposals.
- 1.20. The Scottish Health Council has identified the following learning points:
  - NHS Grampian should consider the terminology used in consultation papers to describe the consultation methods that will be used in order to ensure that this is clear. Public feedback mentioned that the term 'open meetings' led to some confusion about who could attend these meetings.

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<sup>1</sup> Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), The Scottish Government, 10 February 2010. In this report, the phrase 'the guidance' shall refer to this Chief Executive Letter (CEL).

- Reflecting on the public feedback we have received NHS Grampian may wish to consider how it uses social media to raise awareness of its consultations. We note that NHS Grampian used its Facebook and Twitter pages, however in this situation it may have been more effective to have posted links on relevant online forums, such as 'Netmums', directing people back to the NHS Grampian website and the online survey.

1.21. This report was submitted to NHS Grampian for consideration at its Board meeting on 12 June 2012, where the Board will consider the outcome of the consultation process. Following discussion and a decision, NHS Grampian will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In the submission, the Board should demonstrate how it has taken into account the suggestions and concerns that arose during the consultation.

## **2. Introduction**

- 2.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 2.2. This report on NHS Grampian's process for involving local people in the consultation on proposed changes to Maternity Services in Grampian provides our assessment of how NHS Grampian has involved people throughout the engagement process, in line with the guidance, and suggests learning points for the future. The report also outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by local people during this process.
- 2.3. The Scottish Government has indicated that it views the proposed changes to the maternity service in Grampian as a major service change and as such the Board will submit its final proposal to the Minister for approval after its Board meeting on 12 June 2012.
- 2.4. While this report focuses on the consultation process which ran from 9 December 2011 to 22 March 2012, the engagement work undertaken as part of the review of maternity services and on NHS Grampian's Maternity Strategy 2010-2015 formed the basis for the later consultation work and has been taken into account in our assessment.

### **Review of Maternity Services**

- 2.5. NHS Grampian's review of maternity services started in April 2010. NHS Grampian states that maternity services are being reviewed to ensure they deliver the best possible care now and in the future. The review aims to ensure care continues to be safer, more effective, sustainable and closer to home whenever possible; supporting families to enjoy a normal pregnancy and birth in pleasant surroundings, free from medical intervention whenever possible, but with access to high quality specialist support when needed.
- 2.6. The review included all maternity services in Grampian that provide care to women and families planning a pregnancy; during pregnancy, labour and birth and for the first weeks after giving birth. This includes

services at:

- Aberdeen Maternity Hospital
- Dr Gray's Hospital, Elgin
- Birth Units in Banff (not currently operational), Fraserburgh and Aboyne and Midwife Led Unit at Peterhead
- all community midwifery services and homebirth services.

NHS Grampian also provides specialist care to women from Orkney, Shetland, Highland and Tayside NHS Board areas.

- 2.7. A Maternity Services Leadership Group was established to oversee the review process and NHS Grampian identified women from the NHS Board's three Community Health Partnership areas to sit on the group. The Leadership Group had the opportunity to comment on the planned process for the review, maternity strategy, communication, option appraisal and the resulting consultation on the configuration of services. A core group, acting on behalf of the leadership group, met more frequently to plan the review and sought input from the public representatives and the Scottish Health Council on the engagement process.

Support was provided to the public representatives from the Public Involvement Manager on an ongoing basis.

### **Improvement Event**

- 2.8. To inform the continuous service improvement process, NHS Grampian gathered views from women using a questionnaire in May 2010. NHS Grampian reported that midwives gave out 500 questionnaires to women attending antenatal and postnatal appointments and questionnaires were also available in waiting areas for women to pick up<sup>2</sup>. The questionnaire was also available to complete online.
- 2.9. NHS Grampian also made visits to six antenatal and postnatal groups; two groups in Aberdeen, Elgin, Banchory, Huntly and Fraserburgh where women were interviewed on a one-to-one basis.
- 2.10. 198 surveys were completed (88 postal questionnaires, 71 online questionnaires, 39 interviews). NHS Grampian reported in the results of the survey that the questionnaire allowed them to get an insight into the views and experiences of women and provided some suggestions for further consideration at the improvement event in August.
- 2.11. The improvement event known as a 'Value Stream Analysis' (VSA) was held from 23 to 26 August 2010 in Aberdeen. Over 50 people attended, including staff, public representatives from across Grampian and neighbouring NHS Boards. The current 'patient pathway' was

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<sup>2</sup> Survey of women's views on NHS Grampian's maternity services, NHS Grampian, August 2010

reviewed to decide which steps add value, which steps are needed for administrative reasons, and which steps are unnecessary.

Participants then agreed what the service would look like in an ideal world before looking at what is achievable within the resources available.

- 2.12. The main agreed outcomes from the event were to establish a vision for future maternity services, identification of a range of other workstreams and an agreement for the need to assess how maternity services are configured across Grampian. The latter was the focus of the formal consultation which ran from 9 December 2011 to 22 March 2012.
- 2.13. NHS Grampian had carried out a consultation on its draft strategy for maternity services 2010-2015 between October and November 2010. This consultation raised the awareness of the challenges facing maternity services and provided a foundation for the consultation on the configuration of services.
- 2.14. Links were established with community organisations which support women and families; for example Home-Start, service users' forums and a group supporting families who have experienced a bereavement.
- 2.15. As part of this consultation NHS Grampian asked respondents if they would like to be added to their virtual group to receive updates about the maternity review via email. This was a useful way of building a database of contacts for the subsequent engagement around the configuration of services.

### **3. Has the NHS Board involved local people in line with the guidance?**

3.1. The Scottish Health Council is satisfied that NHS Grampian has followed the Scottish Government's guidance on involving local people in the consultation on proposed changes to the maternity service in Grampian.

3.2. However, there are parts of the process which we believe could be improved for future consultations, and these are outlined later in this report.

The Scottish Health Council has arrived at this conclusion having undertaken a range of quality assurance activities, including:

- attendance at maternity service leadership group meetings
- attendance at the option appraisal workshops and evaluation with the public representatives who took part
- attendance at the open meetings organised by NHS Grampian and talking to local people who attended the meetings
- reviewing email correspondence between NHS Grampian and public representatives and a virtual group set up for the review (following consent from public representatives)
- joint evaluation of the open meetings with NHS Grampian
- asking for people's views on the Board's engagement and consultation process via questionnaires, a direct mailing and a post on [www.netmums.co.uk](http://www.netmums.co.uk)
- getting feedback via questionnaire from people whose group NHS Grampian attended to discuss the review
- meetings, telephone and email communications with NHS staff with responsibility for this major service change to discuss the engagement and consultation process and to offer and provide advice, support and feedback
- reviewing NHS documents relating to the service change
- reviewing media coverage.

3.3. The questions and comments throughout this report are indicative of some of the most common themes that have emerged from the public during the engagement and consultation process. These questions and comments were raised either at meetings arranged by NHS staff or in response to the Scottish Health Council's quality assurance activity.

## 4. Planning

- 4.1. Once an NHS Board decides to consider making changes to a service, it should develop plans to show how it will involve local people throughout the process.
- 4.2. NHS Grampian had early discussions with the Scottish Health Council about similar service changes elsewhere and approaches to involving the public in option appraisal to help inform its consultation process.
- 4.3. The Maternity Services Leadership Group which was set up to oversee the review had three public representatives to ensure that the views of patients and the public were considered at a strategic level. The draft communication and engagement plan was shared with this group to gain their comments on the proposed consultation process. The Communication and Engagement plan was updated and reviewed by this group throughout the process and was available on the NHS Grampian website.
- 4.4. NHS Grampian recognised the strength of public opinion about maternity services which was evident during Aberdeenshire Community Health Partnership's previous consultation activities in 2006. NHS Grampian stated they were committed to learning from these experiences and ensuring that the process for the maternity review involved people at an early stage and was conducted in an open and transparent manner. NHS Grampian involved service users from its previous maternity engagement work to help develop the public involvement process.
- 4.5. Where a proposed service change impacts on the public in another area, the NHS Board proposing the change should lead on the public involvement process. NHS Grampian has worked with neighbouring NHS Boards; NHS Highland, NHS Tayside, NHS Shetland and NHS Orkney by involving them in the option appraisal and the resulting public consultation process where relevant.
- 4.6. NHS Boards have a responsibility to ensure their processes and proposals are subject to an equality and diversity impact assessment. NHS Grampian carried out an impact assessment of the consultation process and the proposed changes in November 2011 ahead of the formal consultation. NHS Grampian also demonstrated during the earlier engagement on the review that they wished to ensure that the views of a wide range of women and families were sought and established links with groups and organisations that represented them such as Home-Start.
- 4.7. One of the criteria used during the option appraisal was reducing health inequalities therefore information on how each model would

meet this was recorded and shared in the consultation papers and documents.

## **5. Informing**

5.1. The guidance states that people who may be affected by a proposed service change should receive appropriate information on:

- clinical, financial and other reasons why change is needed
- benefits that are expected to flow from the proposed change
- processes which will be put in place to assess the impact of the proposal.

The Scottish Health Council is satisfied that these aspects have been met by NHS Grampian.

5.2. The consultation on NHS Grampian's Maternity Strategy 2010-2015 raised awareness of potential changes to the configuration of services, and informed people of the reasons for change. NHS Grampian asked respondents if they wished to be added to a virtual group of people with an interest in maternity services. This group received electronic updates and this provided a good basis for informing people about the consultation on the proposed configuration of services.

5.3. NHS Grampian produced five newsletters over the course of the review with input from the Maternity Services Leadership Group public representatives. It provided background information on the review and updates on progress on the different workstreams, option appraisal process and outcome. It was disseminated to the virtual group, a wider group of contacts and paper copies were made available at relevant sites. Further detailed information was available on the NHS Grampian website.

5.4. NHS Grampian holds regular briefings for MPs and MSPs and they were informed of the review and the upcoming consultation on the proposed changes.

5.5. NHS Grampian set up a section on its website about the maternity review and this was used to publicise the consultation period with the background information from the option appraisal and linked review activities. Partner organisations, such as local authorities and the council of voluntary organisations, displayed a link to the consultation on their websites.

5.6. NHS Grampian worked with a bilingual health worker to engage with women from eastern European countries. The maternity review newsletter was available in alternative formats on request and the summary consultation paper was translated into the most common community languages in Grampian, with the full paper offered in alternative format on request.

5.7. The newsletter produced for the wider review and consultation was available in the islands accommodation on the Foresterhill site and

contact details for relevant groups in Orkney and Shetland were shared.

## 6. Engaging

- 6.1. The guidance states that NHS Boards should develop options through a process that is open, transparent and accessible and in which potentially affected people and communities are proactively engaged.
- 6.2. NHS Grampian agreed at its Board meeting in December 2010 to carry out an option appraisal on how maternity services could be configured across Grampian. The appraisal was carried out over six workshops which took place between February and April 2011.
- 6.3. NHS Grampian used its previous knowledge of option appraisal to plan the process and worked with the Scottish Health Council and the Maternity Services Leadership Group to agree the process and who should be invited to take part.
- 6.4. Public representatives with a recent experience of using maternity services or in regular contact with service users were involved from each of the geographical areas where the service is delivered. Other participants included a range of clinicians (doctors and midwives), managers and representatives from NHS Highland, NHS Tayside, NHS Orkney and NHS Shetland. An average of 30 people attended each of the workshops; eight were public representatives. The Scottish Health Council was in attendance at these workshops.
- 6.5. NHS Grampian offered ongoing support to women throughout the process sharing information and evidence from the review and about option appraisal with the public participants before the meeting with the offer to discuss this further. NHS Grampian developed and shared a guide to option appraisal which covered the process and role of the participants.
- 6.6. Based on feedback from participants in the improvement event, NHS Grampian shared a reference guide to the papers which summarised the content of the paper and suggested sections for participants to focus on ahead of the first meeting.
- 6.7. A meeting was arranged after the first workshop for the public representatives to meet each other and it was agreed that an email distribution list would be set up so that the public representatives could speak to each other between meetings. The presentations at the first workshop covered the papers that had been shared before the meeting. It also set some ground rules for the process clarifying what was expected of participants and this was helpful in ensuring that participants felt comfortable with the process and their role.

- 6.8. The criteria for scoring the options and weighting were agreed at the second and third workshops. The draft criteria, which was based on the Quality Strategy and NHS Grampian's Resource and Allocation Framework, was reviewed in mixed stakeholder groups which then fed back to a wider group to get agreement between all the participants. Participants reflected at the meeting that this had been quite a difficult process as each stakeholder group had different priorities. However it did help build consensus and help to understand people's different perspectives on the service.
- 6.9. NHS Grampian listened to participants' concerns between the second and third workshop and used the third workshop to ensure that all stakeholder groups felt comfortable with the agreed criteria before moving onto the next stage. There were some criteria that the group agreed were principles that should be present in any model and these were noted and shared for people to bear in mind throughout the process.
- 6.10. The nine agreed criteria were :
- safe (very high priority)
  - sustainable (high priority)
  - reduce health inequalities (medium high priority)
  - improve health outcomes for women and babies (medium priority )
  - accessible (medium priority)
  - improve normality (medium priority)
  - women and family centred (low priority)
  - manage interdependencies (low priority)
  - improved (physical) environment (low priority).

The criteria were developed into a table with specific examples of what the criteria meant. This was developed by the workshop participants and was felt to be a helpful way to avoid duplication between criteria and was referred to by participants at the workshops.

- 6.11. The options for how services could be configured were developed over the next few workshops again in mixed stakeholder groups and these were reviewed to ensure that participants were happy with the models developed. Further work was done between meetings to refine the models and short list them by each stakeholder group. The results of this were shared before the next meeting and recapped at the meeting.
- 6.12. NHS Grampian undertook a midway evaluation with the public representatives. Based on feedback from public representatives, the fourth workshop started with presentations on safety and affordability with opportunity to ask questions about the evidence that they would use to score the models. Everyone was offered the opportunity via

email to submit any other evidence or papers that they felt were important to share before moving onto the scoring.

- 6.13. After the workshop all the participants were sent an email with an individual scoring sheet and instructions. The sheet also included a section to record comments about why people had scored the way they did; this was collated and shared at the last workshop. Participants scored 11 options (10 potentially new service models as well as the current service - the status quo) against how well they met the nine criteria. Further support was offered to the public representatives should they need it.
- 6.14. The current service configuration (status quo) is home births, one Aberdeenshire Midwife Led Unit (Peterhead), three Birth Units (Banff - not currently operational, Fraserburgh and Aboyne), Midwife Led Unit at Aberdeen Maternity Hospital, Elgin Consultant Unit and Specialist Unit at Aberdeen.
- 6.15. Prior to the fifth workshop NHS Grampian met with the Scottish Ambulance Service and neighbouring NHS Boards to discuss what the potential impact of the options may have on their service. This was shared at the workshop and any further queries were answered via email after the meeting.
- 6.16. The fifth workshop focused on the results of the overall scoring exercise. The result of the scoring for each individual stakeholder group was also shared. Twenty out of 24 of the option appraisal group voted for the preferred option. The highest scoring options based on the best ratio of benefits to costs were discussed. It was agreed that the options that scored the highest would be written up in more detail and the costs further refined.
- 6.17. The highest scoring option was home births, two Aberdeenshire Community Maternity Units (location to be decided), Community Maternity Unit at Aberdeen Maternity Hospital, Elgin Consultant Unit and Specialist Unit Aberdeen.

### **Aberdeenshire Community Maternity Units**

- 6.18. The options that were scored mentioned the number of Community Maternity Units but didn't state where they should be located. During May and June 2011, clinicians, managerial staff and four public representatives met to discuss potential locations for Community Maternity Units in Aberdeenshire. This information was used to decide the locations of the Community Maternity Units in the Board's preferred option for consultation.
- 6.19. Background information was shared with the participants on the option appraisal process, outcomes so far and the criteria that was used to score the options. The refined costings on the top models from the option appraisal were being compiled at the same time as the above meetings. The costings showed that the three Community Maternity Units in Aberdeenshire model were unaffordable. Therefore, the group focused on what was the best combination of locations to give optimal

coverage in a two Community Maternity Units (in Aberdeenshire) model.

- 6.20. The group discussed potential locations that had been put forward during the option appraisal workshops. These sites considered were:
- North - Banff, Fraserburgh, Peterhead
  - Central - Huntly, Inverurie, Ellon, Westhill
  - South - Aboyne, Banchory, Stonehaven.
- 6.21. Using health intelligence data, local authority plans, local knowledge from staff and public participants and information from the option appraisal process the group considered each above location using the following factors:
- potential throughput (current and future)
  - the inequalities agenda and data
  - accessibility
  - location and condition of current facilities
  - fit with wider NHS Grampian (and Tayside) plans
  - women's eligibility and preferences
  - local staff commitment and culture
  - public and political reaction.
- 6.22. NHS Grampian noted during the discussions on the location of the Community Maternity Units some points for consideration and highlighting during the formal consultation. For example, the group recognised that their recommendations could mean that the birthing facility in Aboyne would close. They felt it was critical to sensitively articulate why they had come to this decision and what the new model would look like.
- 6.23. The group considered how easy it would be to get to each possible location e.g. road network and public transport. It should be noted that the proposal includes plans to implement more Consultant Outreach clinics and scanning in local communities, therefore reducing the need for women to travel to Aberdeen and Elgin.
- 6.24. The group recommended that Peterhead and Inverurie were the best locations for the two Aberdeenshire Community Maternity Units.
- 6.25. A sixth workshop was held on 17 August to update participants on the work on the Aberdeenshire Community Maternity Units, the detailed costings and the further work that had been done to refine the models to recommend for consultation. It was explained a survey would be circulated to ask people to indicate whether they had a preferred option or not. The survey was distributed by email; 27 out of the 30 people who attended the workshops replied. The majority of participants agreed on the preferred option for consultation which was retain

Consultant Units in Aberdeen and Elgin, with three Community Maternity Units located at Aberdeen, Peterhead and Inverurie.

- 6.26. The draft paper on the recommendations from the option appraisal was shared for comment with the option appraisal participants and Maternity Service Leadership Group before going to the NHS Grampian December 2011 Board meeting.
- 6.27. The Scottish Health Council approved the engagement process to date and was satisfied that the NHS Board had demonstrated an open and transparent process in determining which options should proceed to formal consultation and in publicising the results of the appraisal process.
- 6.28. The Scottish Health Council based its decision on attending the option appraisal workshops, reviewing NHS Grampian's communications with the public representatives, NHS Grampian's evaluation of the workshops and by seeking people's views on the process via a questionnaire.
- 6.29. NHS Grampian asked the public representatives if they would give their consent for the Scottish Health Council to contact them about their involvement in the process. A short questionnaire was sent to participants. Seven responses were received by the Scottish Health Council from the eight public representatives that took part. It should be noted that at the time this survey was distributed NHS Grampian was still finalising the outcome of the last workshop.

Five participants fully understood and two understood some of the background information on the maternity review and the purpose of the option appraisal.

Three participants said they fully understood and four said they understood the process of the option appraisal workshops. The comments made by participants focused on how complicated an option appraisal is and the amount of information (evidence) made available during the process.

Asked if they felt they had an influence on the different stages of the process, one participant felt they had strong influence while six felt they had some influence on the development of the options and the weighting and ranking of the criteria used. The results for the development of the criteria and the scoring of the options were six some influence and one unsure

Seven participants stated that they were provided with the support they needed before and during the option appraisal workshops and this was highlighted in the comments received.

Asked if they felt their views were listened to, a majority (five participants) said yes, one said no and one was unsure.

One participant's comment summarised the feedback we received:

"This was a complex process for everyone involved, not only the lay representatives. I understand that option appraisal is a tried and tested process for reviewing healthcare services, hence I fully appreciate that it was a necessary exercise. At times, the sheer volume of information, responsibility and voluntary time involved was a little overwhelming. However, I was supported extremely well by the Public Involvement Manager, I could not ask for more in that regard."

## 7. Consulting

- 7.1. The guidance states that when an NHS Board consults on a major service change, it should:
- produce a balanced and accessible consultation document that enables people to come to an informed view
  - explore innovative and creative methodologies and approaches to ensure the process is inclusive
  - where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward
  - ensure the consultation period lasts for a minimum of three months.
- 7.2. NHS Grampian's consultation on proposed changes to the maternity service in Grampian ran from 9 December 2011 to 22 March 2012. As the consultation was to run over the festive period, and to allow for any adverse weather conditions, NHS Grampian added a further two weeks to the minimum three months consultation period for major service change.
- 7.3. NHS Grampian also took into account the Scottish Health Council July 2011 letter to them on the approval of engagement process to date, which included sharing draft consultation materials and documents with the public representatives for comment. Public representatives were asked whether the information was reasonably understandable and also for suggestions for local venues for the proposed open meetings.
- 7.4. NHS Grampian developed both a summary and a full consultation paper; the papers explained the background to the review, why change is needed, how the proposals were developed, what the proposals were and the expected benefits. It also explained the current model of maternity services and the focus of the consultation, given it was part of the wider maternity review. The full paper expanded on the sections in the summary paper
- 7.5. Both papers stated clearly what the preferred option was and that alternative suggestions put forward during the consultation period would be considered. The papers summarised how people could participate, timescales and explained the next stage of the decision-making process.
- 7.6. NHS Grampian used a range of mediums to raise awareness of the consultation:
- media releases to launch the consultation

- wide distribution of flyers to signpost for further information (email/phone/web)
- information on the NHS Grampian website
- information on NHS Grampian Facebook page and Twitter profile
- coverage on commercial and community radio
- Aberdeen Council of Voluntary Organisations E-Bulletin
- direct distribution of consultation documents.

7.7. NHS Grampian issued a media release at the beginning of the consultation period on the 9 December 2011 and after the festive period to highlight the dates for the open meetings at the beginning of 2012.

The direct mailing was sent to:

- relevant NHS clinics and wards
- GP practices/health centres/pharmacies
- community centres
- family centres
- neighbouring and island NHS Boards (copies were available in the island accommodation at Aberdeen Maternity Hospital)
- Scottish Ambulance Service
- specific women's groups (such as National Childbirth Trust)
- Maternity Review Virtual Group
- Public Forum and Public Partnership Forums
- MPs/MSPs
- community councils.

7.8. NHS Grampian sent some groups the full consultation documentation and others were sent flyers to display for people who may be interested in the consultation. For example the Scottish Health Council noted flyers in churches, libraries and community centres where mother and toddler groups regularly meet.

7.9. The Scottish Health Council carried out a joint evaluation of the open meetings with NHS Grampian. A questionnaire and return envelope were included in the information pack handed out at the meetings. Approximately 76 members of the public attended the meetings. We received 31 responses (27 written and four online).

Members of the public who responded indicated that they heard about the meetings in a variety of ways including through:

- local press
- local hospital or staff
- email or flyer
- community council
- website.

- 7.10. NHS Grampian also attended antenatal and postnatal groups to seek their views. It attended 11 meetings with 93 attendees. NHS Grampian handed out consent forms which asked if the Scottish Health Council could contact them, six people responded.
- 7.11. Respondents indicated if they had heard about the consultation before the meeting - four said they had and two said they had not. Those who indicated they had heard said they had found out about it from a local midwife or from local NHS staff. One respondent said they thought they had heard vaguely (probably saw something in the press) but didn't look at the website until they knew they would be attending a meeting.

### **Consultation Methods**

- 7.12. A range of methods was used to gather views during the consultation including;
- survey (online and post),
  - open meetings - held in nine locations with an afternoon and evening session
  - discussion groups with women and families - antenatal and postnatal groups
  - open responses (email and letter)
  - presentations to key groups and committees (neighbouring NHS Boards, NHS committees and forums, MPs, MSPs, and local authority councillors)
- 7.13. The consultation paper and questionnaire were available online and in paper format. The questionnaire asked people to indicate if they supported specific parts of the proposal and for their thoughts on the overall proposal.
- NHS Grampian reported that 403 people started the survey with 300 completing it - 35% stating they were a service user in the last two years, 25% a member of the public, 10% community group, 21% staff and 9% other.
  - The majority of respondents (68.3%) indicated they lived in Aberdeenshire, Aberdeen 16.1%, Moray 12.1%, Orkney 1.8%, Tayside 0.4%, Highland 0.4% and other 0.9%. This information was further broken down into villages and towns and this will be helpful in determining where the proposals are supported, in addition to the feedback from the open meetings across Grampian.
  - NHS Grampian reported that 48.9% (197) read the summary, 19.9% (80) read the full version and 31.3% (126) read both. The questionnaire asked how useful the papers were in helping to understand the proposals and the reasons for change. The

majority of respondents indicated that both the summary and full consultation papers helped them to fully or partly understand.

- On the proposals themselves, overall the majority of respondents who answered the question (283) were supportive of the proposed changes as a whole; 43.1% (122) fully support and 47% (133) partly support. However, on the specific proposal to close the three Birth Units (Banff - not currently operational, Fraserburgh and Aboyne) the respondents who answered the question (291) gave the following answers; Banff 55.5% (152) fully support, 19.7% (54) partly support and 24.6% (68) do not support; Fraserburgh 40.2% (113) fully support 23.5% (66) partly support and 36.3% (102) do not support; Aboyne 33.4% (97) fully support, 23.1% (67) partly support and 43.4% (126) do not support.
- When asked which model of care do you think will best met the needs of all women and families across Grampian 54%(149) answered the proposed model, 16.3% (45) said the current model and 29.7% (82) were unsure.

## **Open Meetings**

- 7.14. NHS Grampian held open meetings in nine locations across Grampian. Two sessions were held in each area; an afternoon session from 1-3pm and an evening session from 7-9pm. It was agreed that no meetings would take place over the festive period due to school holidays but advance notice should be given of meetings scheduled in the new year. The consultation paper, direct mailing and posters informed people of when and where this information would be available. The times and dates of the meeting were announced after the festive break on the NHS Grampian websites, in the local and regional press, via email and by NHS staff.
- 7.15. A cross section of staff from the service and senior NHS staff attended the meetings to present and answer questions. The Chair of NHS Grampian and non-executive members of the Board also attended some of the meetings so they could hear people's views directly.
- 7.16. A pack containing the full and summary consultation paper, evaluation questionnaire and consent form was handed out at the meetings and attendees were asked to complete the consent form so the results of the consultation could be shared with them. Further information on the review and the option appraisal was available at the meeting and on request. NHS Grampian explained the Scottish Health Council's role and encouraged attendees to complete the joint evaluation questionnaire.

- 7.17. The meetings started with a presentation covering the background to the maternity review, explained the option appraisal process and what the proposals were. The presentation was refined over the series of meetings and was localised to highlight how the current service would potentially change in that area.
- 7.18. The presentation highlighted the engagement that had taken place with women and also the other opportunities to input into the review. Some of the public representatives who had been involved in the option appraisal attended meetings in their own area which was helpful in explaining their role in the process and their perspective.
- 7.19. Attendees were encouraged to take information packs away with them to share with people they thought would be interested in the review. Staff stayed on to answer any further questions after the sessions.
- 7.20. The main issues raised at most of the meetings related to intrapartum care (management and delivery of care to women in labour) and especially in those areas where the Birth Units were being considered for closure. There was also discussion about the challenges that faced the service and this offered the opportunity to clarify how the proposals had been reached, the criteria that had been used and the expected benefits of the reconfiguration to women and families.
- 7.21. There was also discussion on parts of the wider maternity review which weren't part of the consultation, for example NHS Grampian's routine transfer of care policy and how it is applied. These concerns were noted and updates given on any ongoing related work.
- 7.22. A high level implementation plan was included in the appendix of the consultation paper. It was emphasised at the meetings that no decision had been taken and further work would be done with staff and local communities should the proposals be accepted.
- 7.23. The Scottish Health Council attended the meetings to observe and shared any concerns we had noted after each meeting. The results of the evaluation of the open meetings were shared with NHS Grampian so they could include the results on their evaluation of the consultation process.
- 7.24. NHS Grampian reported that 171 people attended the meetings; 76 members of the public and 19 council representatives, 50 NHS staff and 26 other<sup>3</sup>. Concern was expressed at the low level of turn out at some of the meetings by some attendees. NHS Grampian noted the concerns and explained that they would be attending meetings to

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<sup>3</sup> A small number of local staff attended afternoon and evening sessions and have been counted twice. Numbers exclude Review Team, Exec Team, CHP Managers on panel.

\*Public includes service users, public, Community Council; Council includes councillors/MSP representatives/council staff; Staff is local staff; Other= reporter; non-exec Board member; SHC.

gather recent and current service users' views on the proposals. It offered to provide further information on this if people were interested.

- 7.25. Thirty one completed questionnaires were received by the Scottish Health Council. The questionnaire was anonymous and didn't ask people to state whether they were a member of the public or staff. Twenty people who responded had attended afternoon sessions and 11 had attended the evening sessions.

- Everyone who responded indicated that the reasons for the proposed changes to the maternity service in Grampian were clearly explained.
- Asked if the meeting helped people to understand the proposed changes, 30 said yes and one said no. Those who replied no indicated that they felt the future plans seemed rather vague e.g. consultant clinics and home birth service cover
- Thirty said they had the opportunity to express their views and one person indicated they weren't sure. Twenty two said they felt their views were listened to, one person said no and seven indicated they weren't sure.  
When asked why they felt his way the views were mixed. They were aware concerns were noted and said answers were comprehensive. However, some expressed a feeling that a decision had been made and others stated that it depends on the outcome of the process.
- Further comments related to how well advertised the meetings were. Those who felt it was well advertised said local staff and the community had a role in promoting the meetings. Others felt it wasn't well advertised and had found out from a midwife or by 'word of mouth'.
- One comment made was about the term 'open meeting'; the advertising should have stated there was going to be a presentation at the beginning of the meeting. Others commented on the timing of the meeting for families; this was addressed by NHS Grampian at the meetings.

## Focus Groups

- 7.26. NHS Grampian directly sought the views of women and current service users who would be potentially affected by the proposals by holding nine focus groups at NHS and non- NHS antenatal/postnatal classes/groups and support groups across Grampian. This was a useful approach as recent and current service users may not have the time to attend meetings or complete a questionnaire.
- 7.27. The locations of the groups attended were chosen to complement the community open meetings and to get a 'snapshot' of women's views in specific localities about the proposals and experiences of services. Ninety three people took part in the focus groups.
- 7.28. As NHS Grampian were attending ante and post natal classes, and their presence would be limited, it was agreed that it wouldn't be appropriate for the Scottish Health Council to attend these meetings to observe. A consent form was handed out by NHS Grampian on behalf of the Scottish Health Council.

The Scottish Health Council received six replies to its questionnaire. Respondents had attended a mixture of antenatal and support classes.

- When asked if the reasons for the proposed changes and how they were developed were clearly explained all six replied yes. Four had heard about the consultation before the meeting and two had not. People who were aware had heard about the consultation from the local service and staff.
- All respondents said they had the opportunity to express their views and ask questions. People commented that the information on the proposals was clearly explained and that answers gave further clarity. One respondent said that the focus group was well facilitated.
- All respondents said they were informed of the different ways to contribute to the consultation and they were encouraged to take copies of the papers to share with other women. A majority (five) said they were aware of the next stage of the process with one saying they couldn't recall.
- When asked if there were any other comments or suggestions, the

feedback was positive about the meetings but disappointed that perhaps not that many women had taken part in the consultation.

“Maybe need to consider ways of promoting the consultation as mothers can be hard to reach as they are very busy. Could consider social media and online forums; ‘word of mouth’ once mothers know, target schools and nursery for people who have recent experience as well as current users at classes.”

“NHS staff made it very clear that our contributions were anonymous. Also they were listening really well and taking notes. When views weren’t in line with their plans, people were still encouraged to express (their views) and not contradicted, cut short etc.”

- 7.29. NHS Grampian offered to arrange a focus group with an interpreter or the Bilingual Health Worker in north Aberdeenshire to ensure women from migrant families had the opportunity to take part in the consultation. This offer wasn’t taken up but enquiries were received from women in north Aberdeenshire. NHS Grampian’s Equality and Diversity Manager also organised and facilitated a meeting with the Learning Disability Group of Aberdeen.

### **Open responses**

- 7.30. NHS Grampian reported that it received a number of written and email responses during the consultation. There were individual responses from eight service users, five members of the public, community councils in the Deeside area, Friends of Hospitals, MSPs and councillors. The Inverurie Patient Participation Group submitted 364 signatures in support of the proposals.
- 7.31. NHS Grampian also presented to NHS and local authority committees and groups, for example the Aberdeen Civic Forum. Public representatives also took part in the staff briefings in one area and this was welcomed by NHS Grampian.
- 7.32. NHS Grampian kept neighbouring NHS Boards informed of their consultation plans and asked them to share information. NHS Orkney invited women to attend their Public Partnership Forum meeting and NHS Shetland discussed the proposals with their Maternity Forum.

## 8. Quality assuring the consultation process

- 8.1.1. The guidance states that the Scottish Health Council is required to quality assure throughout the consultation process and that NHS Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon.
- 8.1.2. NHS Grampian worked with the Scottish Health Council throughout the process to help facilitate the quality assurance of the process as it developed. NHS Grampian took into consideration how other NHS Boards had engaged women in similar changes and had involved the public in option appraisal.
- 8.2. Based on the feedback we have received, and what NHS Grampian has shared with us, it appears that the reasons for the proposed changes and how they were developed are clear to the people who took part in the process.
- 8.3. NHS Grampian used the feedback it had received from the wider maternity review, and the consultation on the new maternity strategy, to inform the option appraisal process. The networks and contacts that were established earlier on in the review meant that the people most affected by any proposed changes were kept informed of the emerging models and how they could contribute to the decision-making process.
- 8.4. The Scottish Health Council wanted to get the views of people who the Board had indicated they had disseminated the consultation information to. A covering letter and questionnaire was sent via email and post to all community councils and approximately 66 mother and toddler/nursery groups in Grampian. The Scottish Health Council received 41 responses to the questionnaire.

- The questionnaire was anonymous and did not ask respondents to indicate their age, location or whether they were a service user. It should be noted that the majority of people who replied (38) had not taken part in the consultation process. Thirty six people answered the question as to why they hadn't taken part with 25 saying they hadn't heard and eight said they didn't know how to take part.
- A supplementary question asked if there was anything that NHS Grampian could have done to help people take part. Two respondents indicated that they didn't feel the consultation was relevant and didn't prioritise taking part. Others made suggestions which related to how to contact women and the methods which could have been used; contact ex service users, maternity staff could tell women and playgroups etc, advertise and suggest

meetings out with Aberdeen. It should be noted that NHS Grampian had used these methods.

- Three people who indicated that they had taken part answered the questions on the consultation process. One had received a letter from NHS Grampian, one had received an email and the other had heard through the community council. They had taken part by attending an open meeting, completing the survey and sent an email to the board.
- They all indicated that they had been provided with sufficient information about the review, the reasons for the proposed changes and how they had been developed. No suggestions were made as to how this could have been improved.
- Asked if they understood how the decision on the proposed changes would be made, two out of the three said yes; in the comments section a respondent said “this doesn’t necessarily mean that I am/will be in agreement with the decision(s)”.
- All 41 respondents were asked if they felt that there had been sufficient opportunities for the public to contribute to the consultation. Twenty nine said no and seven said yes. When asked what else NHS Grampian could have done the suggestions (14) were to put up notices in GPs, adverts in local press, speak to current or recent service users, use ‘word of mouth’ via maternity staff and have an online survey. It should be noted that NHS Grampian had used these methods.

8.5. The replies could reflect how successful the methods of promoting the consultation were to the wider community and is something that NHS Grampian could consider for future consultations.

8.6. In addition to the direct mailings, the Scottish Health Council posted a link to the questionnaire on the north east notice board of the ‘Netmums’ website; a parenting advice and information website. The Scottish Health Council was asked by a group supporting bereaved parents if they could re-post the link on their Facebook page.

- Twenty two replies were received and were similar to those from the community council and mother and toddler/nursery groups. The majority of respondents (17) hadn’t taken part in the consultation. Fifteen indicated the reason as to why they hadn’t taken part; 13 said they hadn’t heard about the consultation and two said they didn’t know how.
- Five people indicated they had taken part and three of them answered questions about the process. Two had heard about the

consultation from NHS staff and one had read about it in the local newspaper. They had participated by attending an open meeting, a focus group and completed the survey.

- All respondents indicated that they had been provided with sufficient information about the review, and the reasons for the proposed changes and how they had been developed had been made clear to them by NHS Grampian. No suggestions were made as to how this could have been improved and all respondents indicated that they understood how the decision on the proposed changes would be made.
- Sixteen out of the 22 respondents answered the question on whether they felt there had been sufficient opportunities for the public to contribute to the consultation. The answers and suggestions were very similar to the previous questionnaire; 14 said no and two said yes; suggesting that NHS staff and relevant premises promote the consultation.

One respondent's comment reflected feedback we had received on the open meetings:

"It's a shame that more people didn't attend but people I spoke to felt uncomfortable about going as they weren't sure what the format of the meeting was."

## 9. What are the next steps in complying with the guidance?

- 9.1. This report was submitted to NHS Grampian for consideration at its Board meeting on 12 June 2012, where the Board will consider the outcome of the consultation process.
- 9.2. Following discussion, the Board's final proposal will be submitted to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In this submission, the Board should demonstrate how it has taken into account the suggestions and concerns during the consultation period and how these have been addressed in its decision.
- 9.3. Once a decision has been made, NHS staff should provide feedback to all people who took part in the process who have given their consent to be sent details of the consultation results. This should inform them of the outcome of the consultation and the final decision reached by the NHS Board. It should also demonstrate how views were taken into account during the decision-making process and explain how people can be involved in the implementation of any changes.
- 9.4. The NHS Board should evaluate its informing, engaging and consulting processes, consider the impact they had on the service change and identify areas for improvement. This process should be designed to demonstrate learning within the organisation, leading to continual improvement in future service change.
- 9.5. If approved, it is the intention of NHS Grampian to continue to involve women, families and staff across Grampian in the implementation of the proposals. Areas identified by the Scottish Health Council, and by NHS Grampian, that would benefit from further involvement are:
  - Seek women's and service users' views and feedback on the implementation of the routine transfer policy across Grampian.
  - Involve women and service users in the further discussions about the provision of consultant outreach and scanning and screening clinics, in particular in Huntly and the Deeside areas where the location and frequency of clinics was raised during the consultation process. We would recommend a similar process to the one undertaken to decide upon the proposed locations for Community Maternity Units.
  - Involve women, service users and local communities in the development of Community Maternity Units in Aberdeen, Peterhead and Inverurie. In particular consider their input to the transition arrangements, the promotion of the unit and explore further opportunities for co-production e.g. breast feeding support.
  - Continue to work with women, service users and communities on the implementation of the proposals particularly in areas where

there is concern about the potential impact of the proposals.

## **10. Learning points identified by Scottish Health Council**

- 10.1. The Scottish Health Council acknowledges the work undertaken by NHS Grampian in conducting this engagement and consultation and the range of methods they have used to engage with people.
- 10.2. We recognise the efforts made by NHS Grampian to support and involve the public in the option appraisal process. In particular the guide to option appraisal that was developed, the table with specific examples of what the criteria meant and the midway evaluation with the public representatives which we recommend sharing within NHS Grampian and with other NHS Boards.
- 10.3. NHS Grampian used the learning from its consultation in 2006 by involving service users from its previous maternity engagement work to help develop the public involvement process.
- 10.4. NHS Grampian engaged with the Scottish Health Council at an early stage in the process. It invited us to attend the Maternity Services Leadership Group meetings to advise on the engagement process and has been responsive to feedback we have provided throughout the process. This has resulted in good and continuing communication between the organisations.
- 10.5. Some of the public representatives who had been involved in the option appraisal attended the open meetings in their own area. The Scottish Health Council felt this was helpful in explaining the public representatives' role in the process and their perspective on the proposals.
- 10.6. As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas where there are learning points.
  - Consider the terminology used in consultation papers to describe the consultation methods that will be used. Public feedback mentioned that the term 'open meetings' led to some confusion about who could attend these meetings.
  - Reflecting on the public feedback we have received, NHS Grampian may wish to consider how it uses social media to raise awareness of its consultations. We note that NHS Grampian used its Facebook and Twitter pages, however in this situation it may have been more effective to have posted links on relevant online forums, such as 'Netmums', directing people back to the NHS Grampian website and the online survey.