Future arrangements for midwifery-led care in Berwick –

Joint Locality Executive Board, 22 May 2013
Purpose of the discussion today

• To bring together information that needs to be considered

• To make a decision on future arrangements for midwifery-led care in Berwick
Areas of focus

- Background
- Options
- CCG Action Required
- CCG Discussion & Decision
- Evidence Base
- Patient & Public Feedback
Background

• Suspension of some deliveries and inpatient postnatal care on safety grounds

• Engagement activity and independent research

• Safety review

• Public consultation
A quick reminder about the options

Option 1 - to resume services as they were before

Option 2 - 24/7 on-call midwifery-led service

- Both options would include all antenatal and postnatal clinics for low and high risk women

- Both options would require midwives to undergo mandatory rotational training
Action now required by CCG

• To agree the most appropriate way forward for Berwick, the CCG needs to consider:

  – Assessment of the two options
  – Its legal requirements under the Health and Social Care act 2012
  – The requirements of the Department of Health around service reconfiguration (i.e. four tests)
Assessment of Option 1

Pros

• Services as they were before 1 August 2012
• Assumes local community support
• Availability of 24/7 facility in Berwick
• Accessible for local women
• Achieves national safety standards

Cons

• Bed occupancy likely to remain low and would not be possible to provide enhanced community support
• Recruiting additional midwives could be a problem
• Maintaining skills would still be difficult
• Will require significant additional financial investment
• Midwives will need to agree mandatory rotational training
Assessment of Option 2

Pros
- Maintains a safe and sustainable service
- More efficient use of NHS resources
- Provides 24/7 support for local community
- Provides enhanced postnatal care at home for mothers
- Maintains local antenatal services for low and high risk women

Cons
- Long term inpatient postnatal care will cease
- Midwives will need to agree mandatory rotational training
Legal requirements of Health and Social Care Act 2012

“….CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it.”
Exercising functions efficiently

• Number of women delivering in Berwick has reduced over last 5 years
• From April 2011 – 2012 there were 278 pregnancies in the Berwick area – just over half (52%) were classed as low risk

49 mothers chose to book their delivery in Berwick, of which,
– 23 presented in labour, resulting in
  • 13 deliveries and
  • 10 transfers due to complications
Exercising functions efficiently

• Bed occupancy at Berwick is low – unit empty for third of year, only one bed occupied for another third of year

• When unit is open around the clock there must be midwives on duty (even when the unit is empty)

• Providing around the clock cover in the unit restricts the services that midwives could provide in the community
Exercising functions effectively

• Against such a small number of deliveries it has been difficult for the trust to ensure that midwives practise and maintain their skills

• Northumbria’s safety review included comparison with other free standing units:
  – Berwick had smallest number of births of any in England
  – Only comparable unit was in Penrith (30 births)
  – All other free standing midwifery led units with fewer than 100 births a year in England and Scotland operate a midwife on call system
Exercising functions economically

• The requirements for rotational training in a 24/7 service would require additional recruitment (i.e. additional costs)

• Declining birth rates, national guidance and women’s choices mean it is unlikely that there would be a significant increase in deliveries at Berwick

• Cost per birth in Berwick already substantially greater than in other units – would increase further
National requirements around reconfiguration

- There are four requirements known as ‘the Nicholson tests’:
  - Support from GP commissioners will be essential
  - Arrangements for public and patient engagement, including local authorities, should be strengthened
  - Should be greater clarity about the evidence base underpinning proposals
  - Proposals should take into account of the need to develop and support patient choice
Support from GP commissioners

• Test created while Primary Care Trusts were commissioners

• NHS Northumberland CCG is a member organisation – important that member practices are aware of issues and views represented by locality directors at today’s Joint Locality Executive Meeting

• Members have been engaged in process throughout and have considered evidence during locality meetings in May
Arrangements for patient and public involvement

- Led by NHS North of Tyne in line with Sections 242 and 244 of NHS Act

- Engagement including independent research during Sept/Oct

- 14 week period of formal public consultation from 11 December to March 19

- County council care and wellbeing scrutiny committee concluded that process had been robust
Arrangements for patient and public involvement

• Activity included:
  
  – independent research (on street activity, telephone interviews and including survey)
  – attendance at 29 meetings
  – letters to 200 pregnant women
  – advertising and news coverage
  – flyers to more than 13,000 households
Feedback received

• Save Berwick Maternity Unit
  
  – Activity began shortly after suspension of services
  
  – Two separate petitions started, one online and other hard copy (before options announced) – more than 4,000 signatures (some may have signed both)
  
  – Consistent messages from group for the resumption of services at Berwick (i.e. Option 1)
Feedback received

- There were consistent themes across meetings, independent research, formal comments, which included:
  - Postnatal inpatient care – highly valued
  - Six hours post natal care is not long enough
  - Availability of advice/support around the clock (reluctance to ring Wansbeck)
Feedback received

• Availability of on call midwives
• Travelling/transport
• Ambulance availability
• Provision of most antenatal and postnatal care locally
• Involvement of consultants/GP with special interest
• Criteria/guidelines for low risk pregnancy
• Safety
• Equity
• Financial implications
• Broad issues re healthcare in Berwick
Feedback received

• Before consultation started, was independent research in Berwick to understand what women are looking for from their maternity care:

  – Single most important thing was to have the full team available just in case
  – As much care as possible locally
Clarity about evidence base

• Safety review by Northumbria Healthcare considered the recommendations for practice and safety provision in national reports including several from
  – National Institute of Health and Care Excellence,
  – the Royal Colleges,
  – Department of Health,
  – Clinical Negligence Scheme for Trusts,
  – National Child Birth Trust,
  – National Institute for Health Research and
  – the NHS Commissioning Board
Clarity about evidence base

- Evidence on free standing midwifery-led units
  - Birthplace study found no significant difference in the risk of outcome of serious adverse events for baby between standalone units and obstetric units (adverse events low in all settings)

  - Study showed intra-partum transfer rates of 21.9% for England (Berwick was 43.4% on last available figures)

  - On call model seems to be norm in other rural areas including Scotland and Cumbria (North Yorkshire considering standalone unit but stipulated 300 as minimum births a year)
Need to develop and support patient choice

- Under both options low risk women will still be able to deliver their babies at home or in hospital at Berwick, or at a consultant-led unit of their choice.

- For high risk women, the situation remains unchanged.

- Following comments received during the consultation, there is a need to ensure better information for women to help inform their choice over place of delivery.
Feedback from locality meetings

• Quality and safety are paramount
• Recognise strong feelings that exist and how maternity care has been valued in Berwick
• Berwick has smallest number of births of any other free standing unit in England
• Neither option provides perfect model of care or addresses all of concerns of local people
• Whichever option is introduced, it will require careful monitoring that highest safety levels are met
• The importance of equity of service across Northumberland
Reminder: areas of focus

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Discussion