Update Report on Maternity Services Review
Feb 10 2016
Introduction
The Royal College of Obstetricians and Gynaecologists (RCOG) Maternity Review was commissioned by NHS Cumbria Clinical Commissioning Group (CCG) and NHS Lancashire North CCG to identify clinically sustainable and safe options for the delivery of Obstetric and Gynaecology services.

1.0 Background
The review was commissioned from the Royal College of Obstetricians and Gynaecologists (RCOG) during Autumn 2014 by NHS Cumbria CCG and NHS Lancashire North CCG. The purpose was to provide independent and expert advice on the best way to arrange high quality, safe and sustainable maternity services in the future. The review took place in November 2014 and reported in March 2015.

2.0 The Recommendations are as follows
The RCOG report recommended that a project team must be established swiftly and be led by a senior manager, with an external advisory obstetrician, local head of midwifery and patient representatives. This group must report in a short time frame (one year) on the viability of Options 1, 2a and 2b which were as follows:

Option 1 is the maintenance of 4 consultant-led maternity units with immediate development of alongside midwifery led units at Royal Lancaster Infirmary (RLI) and Cumberland Infirmary Carlisle (CIC).

Option 2a, which was the review team’s second favoured option is for consultant-led maternity units at CIC and RLI and the development of midwifery-led units alongside each of the two consultant-led units. This would result in the closure of consultant-led units at West Cumberland Hospital (WCH) and Furness General Hospital (FGH).

Option 2b is the same as 2a but with the development of standalone midwifery-led units at WCH and FGH.

The RCOG report said that the implementation group needs to consider:
- staffing and activity projections for each unit.
- modelling of future demand for services and 10-year activity for Option 1.
- assessment of deprivation and impact on transport issues.
- antenatal and neonatal transport modelling.
- antenatal and neonatal transport modelling.
- midwifery services development – modelling of normal births.
- paediatric availability or alternative for SCU provision.

Communication with the community, political leaders, and professional stakeholders must be involved in all aspects of this work.

Quality assurance must be on-going with unified maternity dashboards and other quality measures and reported to the Trust Boards and CCGs on a quarterly basis.

3.0 Progress on detailed data analysis

Data collection and initial baseline analysis have been undertaken and presented to the RCOG working group. Preliminary demand has been forecast and consideration given to several scenarios based upon Option 1.

The data shows that there is little material change expected in the population that will affect the need for maternity services in the future. Modelling of demographic change as a result of new industrial developments, such as a proposed new plant at Sellafield, has indicated incidental material impact on the maternity system in Cumbria.

4.0 Engaging with service users and key stakeholders

4.1 Service user engagement

The CCG began discussions with the Maternity Services Liaison Committees (MSLCs) across the area and Healthwatch Cumbria (HWC) shortly after the publication of the RCOG report about the breadth of engagement needed and how this should be carried out. As such both have provided very valuable support in taking this work forward.

HWC, working with the MCLCs, NHS colleagues and a lay representative from RCOG, carried out a major engagement process during November 2015 to find out what good maternity services would look like to the service users. The engagement targeted women of child bearing age and their families, and was a very good exercise in partnership working. The engagement process linked into work already taking place in South Cumbria and North Lancashire following the Morecambe Bay Investigation.
The engagement process included a questionnaire which had 1,234 responses, there were more than 70 events and drop-in sessions across West North and East Cumbria and more than 30 opportunities in South Cumbria and North Lancashire for people to find out more and given their feedback about what good maternity services would look like.

Detailed feedback from the engagement is being presented to the committee by HWC separately, however, key themes included:

- The importance of continuity of care throughout the pregnancy, birth and postnatal period.
- Consistency and quality of information and communication.
- Postnatal support for breastfeeding.
- Support and information for women to make informed decisions and choices.
- Accessible services and choice, thinking about some specific issues such as young mums, women with specific needs, travel and place of birth.

The feedback has been discussed with the Implementation Group and there was a conversation about how to make sure that future services take this into account. It was agreed that the two Trusts providing maternity services (University Hospitals of Morecambe Bay UHMBT and North Cumbria University Hospitals NCUHT) should be asked to develop an action plan. It is important to note that this suggestion was made by a Trust colleague.

The feedback is also being reflected in the criteria that will be used to evaluate the proposals that are being developed by both Trusts.

4.2 Engaging with the clinicians

A number of meetings have been held with senior representatives within both Trusts. Two full day workshops (UHMBT and NCUHT) with consultants from obstetrics, paediatrics and anaesthetics; midwives; service user representatives and senior managers have taken place. The purpose of these events has been to understand the challenges, risks and solutions to implementing Option 1.

4.3 Engaging with National Maternity Review process

On 6\textsuperscript{th} and 7\textsuperscript{th} August 2015 the national maternity review visited Cumbria - Baroness Julia Cumberlege and Sir Cyril Chantler spent time at Westmorland General Hospital (WGH), Furness General Hospital, West Cumberland Hospital and Cumberland Infirmary Carlisle. There was also a national public engagement event held in Carlisle.

Key discussions over the two days covered the area’s geography and access, externally defined standards and their application to small units and the greater importance of outcomes, the use of midwifery time, continuity of care, and the use of IT. The visitors were well briefed about Cumbria and its issues during their visit.
Many staff and service users had the opportunity to influence the National Maternity Review.

The Review is due to report at the end of February 2016.

5.0 Progress

Work continues across Cumbria. Both Trusts have been actively working on proposals for maternity services, in the north these will feed into the Success Regime (SR) clinical strategy which will be published in March, and in the south it is feeding into Better Care Together (BCT).

Commitment from NHS Cumbria CCG and NHS Lancashire North CCG remains the same – to sustain four consultant-led units and improve choice for women with the development of midwifery-led units. Both Trusts also continue to work towards this and much progress has been made.

The major challenge is to find sustainable staffing models – this is very much linked to national workforce issues and recruitment and retention of medical staff particularly in north Cumbria. The continued provision of a consultant-led unit is dependent on robust clinical teams in obstetrics, paediatrics, anaesthetics and midwifery. All areas have been looking at new ways to staff rotas and attract and keep staff.

5.1 North Cumbria

- Work has taken place around the development of midwifery-led units at both Carlisle and Whitehaven at the same time, even though the recommendation following the RCOG review was that there should be immediate development at Carlisle and consideration in the longer term for the same at Whitehaven. The Trust felt that it would not be appropriate in terms of equity to develop a midwifery-led unit first in Carlisle and so is doing both together and they are scheduled to open this spring.
- Also, in the last few weeks, a new Associate Director of Midwifery - Christina Cuncarr has started working at the Trust – her knowledge of working in rural New Zealand will be of great benefit when looking at development of midwifery practice.
- In terms of sustaining consultant-led units at Carlisle and Whitehaven, progress has been made in terms of working more closely with specialist services in Newcastle.
- Efforts continue to address the workforce requirements to ensure the right staffing levels are in place – some innovative approaches are being adopted, for example in anaesthetics - development of acute critical care practitioner posts. Discussions continue with the obstetricians about future ways of working.
• The biggest issue is recruitment and retention of staff – paediatrics is also facing this challenge.

5.2 Morecambe Bay

• The process in UHMBT has been linked to progressing the recommendations of the Morecambe Bay Investigation as several of the strands of work overlap.
• Good progress has been made across all aspects of the development of midwifery care.
• Good progress has been made with securing tertiary centre provider partners which strengthens governance and gives learning opportunities for clinicians from small units.
• In Morecambe Bay an integrated maternity pathway is being developed.
• The issue of recruitment is different in Morecambe Bay so the sustainability of staffing models is not as challenging in the short to medium term.

6.0 Next Steps

The RCOG review process will continue to ensure that the plans are robust and deliver new ways of working. Evaluation criteria have been developed which involved using the service user engagement themes – these will test out how robust the proposals are.

The plans to deliver Option 1 will be fed into the Success Regime clinical strategy and the Better Care Together processes. The findings will be considered by both CCG Governing Bodies.

For more information contact:

Eleanor Hodgson
Director for Children and Families NHS Cumbria Clinical Commissioning Group, Lonsdale Unit, Penrith

01768 245486