

MATERNITY SERVICES REVIEW

1. INTRODUCTION AND SUMMARY

- 1.1 NHS Greater Glasgow and Clyde has initiated a number of service reviews since taking responsibility for the health of the population of the Clyde area, as the successor to Argyll and Clyde Health Board.

As part of these service reviews it undertook to review maternity services in the Clyde area. The review has focussed on two main issues:

- the impact of changes which are planned to maternity services in Greater Glasgow on services in Clyde;
- the utilisation of the community maternity units in Clyde.

Within the former Greater Glasgow, maternity services are provided across three main patient sites, Princess Royal Maternity, Queen Mothers Hospital and Southern General Hospital. Princess Royal Maternity and Queen Mothers Hospital both provide tertiary services. In 2005/06 there were 12,000 births across Glasgow.

NHS Greater Glasgow undertook a detailed maternity review and has developed a strategy for service provision. Future service will be provided from two sites, Southern General Hospital (5,200 births) and Princess Royal Maternity (6,800 births) both supporting tertiary referrals. Each site will provide low risk birthing rooms and Early Pregnancy Assessment Units. All appropriate antenatal services will be provided locally with only the highest risk pregnancies having to be seen in the centre.

1.2 **Background**

NHS Argyll and Clyde undertook a major review of maternity services in 2003, which resulted in a redevelopment and reconfiguration of services across the Board area. This redesign of services resulted in the current configuration of consultant and midwifery led units at the Royal Alexandra Hospital (RAH) and Community Maternity Units (CMUs) at Inverclyde Royal Hospital (IRH) and the Vale of Leven Hospital (VoL). Women from the Inverclyde and West Dunbartonshire areas retained the choice to access delivery services in Greater Glasgow hospitals.

The reconfigured service was underpinned by the principles of individualised care, promoting women's choice and locally accessible midwifery care. Predictions of activity levels were estimated and were considered to be sufficient to support sustainable and affordable service delivery.

1.3 **Activity**

The CMUs within Clyde offer a valuable comprehensive maternity service to their local population. While recognising that the CMUs are busy in their delivery of antenatal and post natal services, it is clear that they are significantly under utilised within their birthing suites. Within Inverclyde and Vale of Leven around 30% (27% at VoL, 32% IRH) of pregnant women are choosing to book with their local CMU. Of the 30% of women who choose the CMU, around 30% (36% VoL, 25% IRH) actually

deliver within the unit. This equates to 9% of the total caseload, therefore 91% of women from Inverclyde and the Vale of Leven catchment areas are currently delivering in maternity units distant from their local CMU.

In 2006 IRH and VoL had 73 and 74 deliveries respectively, averaging 1.4 births/week. As the birthing suite element of the service is staffed 24 hours/7 days a week by two midwives at each site, there is a disproportionate amount of resource attached to this service. 40% of staffing resource is associated with the birthing suite for 12% of women who labour (recognising only 9% deliver) within the VoL and IRH units. The cost per birth at IRH and VoL is £5,696 and £5,753 respectively. The comparable cost for the midwife led service at the RAH is £1,836 per birth.

A number of women are transferred from midwifery led care in the antenatal stages of their pregnancy due to health related reasons that move them from a low risk category to higher risk, whilst around 30% (29% from VoL and 32% from IRH) are transferred during labour, most of which incur an ambulance journey of 25-30 minutes. The Audit of Care Provided and Outcomes Achieved by Community Maternity Units in Scotland 2005. Scottish Programme for Clinical Effectiveness in Reproductive Health demonstrated that the Scottish average (%) of transfers to a consultant led unit in labour or within one hour of labour was 17% (2005). The transfer rate from the Vale of Leven and the IRH are significantly above that average.

1.4 Demographics

The CMUs have been developed to provide midwife led maternity care to low risk, healthy women. Eligibility criteria are used to assess risk and clearly identify women suitable for low intervention midwifery led care. Of the 73 parliamentary constituencies for which the Scottish Index for Mortality and Deprivation captured information in 2006, Dumbarton and Greenock are both in the 25 most deprived constituencies (by share of the 20% most deprived zones figures). This impacts significantly on the number of women who are eligible to deliver within a CMU. However the converse of this, is while women are insufficiently healthy to be eligible to deliver within the CMUs, their health needs are such that local provision of the full range of antenatal and post natal services including Special Needs in Pregnancy (SNIPS) and Early Pregnancy Assessment Unit (EPAU) is essential. The provision of high quality antenatal and postnatal care is of particular importance to women living in deprived communities.

1.5 Options for Service Delivery

A “working group” consisting of staff members, staff side representatives, finance and management representatives, was tasked to look at alternative models of care for the CMUs, within the principles of providing a value for money service across Clyde, whilst maintaining local access to maternity care.

The group began by establishing requirements for essential local service provision, a comprehensive suite of antenatal and postnatal services deemed necessary to meet the health needs of the local population. The working group progressed a long list of options to a short-list of four.

The four short listed options were:

Option 1: Status Quo

Option 2: Retain local births at all units through on-call shift pattern at VoL and IRH

Option 3: Retain local births at all units through Caseload Management at VoL and IRH

Option 4; Single midwife-led delivery service for Clyde, sited at RAH

All four options retained current levels of local antenatal and postnatal services and the choice for women to access delivery services in Glasgow hospitals.

1.6 Selection of Preferred Option

The four options were evaluated in terms of their relative benefits and associated risks by a working group including staff and users.

Option 4, a single CMU birthing unit for Clyde, located at the RAH was appraised and scored as the preferred option for service delivery. This option:

1. Retains all essential local services at the IRH and VoL:
 - Antenatal Care by Midwives- Antenatal Care in the community, GP surgeries, CMU and women's homes;
 - High risk antenatal care by consultant obstetrician in the CMU;
 - Full programme of parent education;
 - Ultrasonography service x 5 days with midwife scanners for routine booking scans;
 - Ultrasound service supported by high-risk sessions and anomaly scans undertaken by medical and specialist midwifery ultrasonographers;
 - Community based post natal care;
 - Triage drop-in service;
 - Special Needs in Pregnancy (SNIPS);
 - Special Needs Liaison;
 - Complimentary Therapy;
 - Smoking Cessation;
 - Home Births.
2. Retains the choice of low intervention births for women in Clyde, either at the RAH, Paisley or within Glasgow.
3. Delivers substantial savings towards reducing the financial deficit.

Our proposal for consultation is therefore the closure of the delivery elements of the Community Maternity Units at Inverclyde Royal and the Vale of Leven hospitals with women from those areas retaining the choice to access consultant or midwife led services at the RAH or the maternity units in Glasgow.

1.7 Impact of the Proposal

The impact on local services at IRH and VoL is only on delivery services. The tables below illustrate the proposed change.

Impact - VoL	2006	Proposed Service
Routine antenatal visit	5818	5818
Antenatal day care	571	571
Scans (midwife and Consultant)	1599	1599
Early Pregnancy Assessment	1039	1039
Parent Education	1579	1579
Community postnatal checks	3677	3677
Births	74	0

Impact - IRH	2006	Proposed Service
Routine antenatal visit	6849	6849
Antenatal day care	948	948
Scans (midwife and Consultant)	4531	4531
Early Pregnancy Assessment	881	881
Parent Education	2051	2051
Community postnatal checks	5081	5081
Births	73	0

1.8 Access

Access to high quality antenatal and postnatal services are critical for women living in deprived communities. These proposals preserve the status quo in respect of the full range of antenatal and postnatal care. The only change in terms of access is that around 150 women will make a single additional journey to the centre of their choice in either the RAH or in Glasgow, to give birth to their babies.

1.9 Consultation

This section describes our proposed approach to formal consultation. This builds on the extensive programme of public and community engagement which has shaped this review.

1.9.1 Consultation Summary

A community newsletter-style document will be produced which will take full advantage of design format and language to ensure it is accessible and as clear as possible. Information about the review of the CMUs will be contained in this newsletter which will be widely distributed via the Involving People and CH(C)P databases, GP surgeries, waiting areas, primary care providers and Local Authority facilities.

1.9.2 Alternative Languages and Formats

The above documents will carry references in other languages and in large print to the availability of translated, Braille and audio disc format materials.

1.9.3 Events

Events will be structured around presentations and workshops. And will be held in Inverclyde and West Dunbartonshire

1.9.4 Advertising

Adverts providing summarised headline proposals and contact points for additional information will be used to launch the consultation period and draw attention to public meeting dates. These will appear in the local newspapers - Greenock Telegraph, Paisley Daily Express, Dumbarton and Vale of Leven Reporter, Helensburgh Advertiser and Lennox Herald.

1.9.5 Website

All material will be made available on the NHSGGC website and specific consultation response pages will be created.

1.9.6 Media Releases

Tailored to suit local media requirements and interests.

1.9.7 One-to-one Meetings and Briefings for Individual Stakeholders

These will be held as required and will include key groups and elected representatives.

2. DETAILED INFORMATION

2.1 **Review Process**

The purpose of this review was to:

- examine the maternity service configuration within Glasgow and take account of any implications for services within Clyde;

- provide a detailed review of the current service and associated resources, understand the reasons why the service is under utilised and provide alternative options for service provision.

To undertake the review a structure of operational and planning teams was put in place, responsible for ensuring engagement and involvement of key stakeholders in the review and development of detailed options for the service. This included:

- a reference group;
- community engagement and staff meetings;
- an option appraisal event.

2.2 Facilities

The CMUs developed within Clyde provide local antenatal and postnatal care for all women within their catchment area, including high-risk women through a model of shared care with Obstetricians and General Practitioners. Women who have been assessed as low risk can choose to give birth within their local CMU.

The Community Maternity Unit at the VoL is a purpose built unit within the Vale of Leven Hospital. It comprises accommodation for out-patient antenatal obstetric and midwife clinics, a day care unit and a parent education facility, which is also used as a drop-in service for women. There is a separate access to facilities for women experiencing early pregnancy problems (EPAU) and together with the antenatal care service there is access to a dedicated obstetric ultrasound department.

Accommodation for the birthing suite comprises four birthing/postnatal rooms one of which incorporates a birthing pool.

The Community Maternity Unit at Inverclyde Hospital is situated on level F of the acute hospital. The CMU was adapted from existing in-patient facilities and now comprises accommodation for antenatal clinics, two dedicated ultrasound rooms, a Special Needs in Pregnancy (SNIPs) room and a parent-education facility.

Accommodation for the birthing suite comprises two adapted birthing/postnatal rooms with a temporary birthing pool facility in one.

Resources were invested in each unit based on anticipated activity rates relating to caseload size and number of births. Each CMU is open and staffed 24 hours a day/ 7 days a week.

2.3 Staffing Resource 2006/07

Midwifery	VoL CMU:	IRH CMU:	RAH CMU:
WTE Trained	23.14 trained	27.87 trained	41.19 trained
WTE Untrained	4.51 untrained	3.99 untrained	4.42 untrained

2.4 Rollover Budget 2006/07

	Pays	Non-pays
VoL CMU	£1,026,300	£62,000
IRH CMU	£1,185,400	£56,000

2.5 Analysis of caseload and births

Vale of Leven Hospital-

It was anticipated that Vale of Leven CMU would have between **179 and 210** births based on a caseload of **844**, i.e 21-25% of caseload would result in CMU birth.

Actual Activity				
Year	Bookings	Births	Caseload	%Births:caseload
2004	140	61	758	8%
2005	162	64	735	9%
2006	204	74	744	10%

Based on 2006 information, Vale of Leven CMU is delivering between 35% and 41% of predicted births or 8-10% of caseload.

Inverclyde Royal Hospital-

It was anticipated that Inverclyde CMU would have between **204 and 240** births based on a caseload of **960**, i.e 21-25% of caseload would result in CMU birth.

Actual Activity				
Year	Bookings	Births	Caseload	%Births:caseload
2004	180	91	911	10%
2005	316	115	841	14%
2006	287	73	892	8%

Based on 2006 information, Inverclyde CMU is delivering between 30% and 36% of predicted births or 8-13% of caseload.

2.6 Transfers in Labour

Each of the CMUs have eligibility criteria, based on risk factors for a CMU birth. These are based on the national criteria published in the Overview Report of the Expert Group on Acute Maternity Services (EGAMS) 2002. An important issue in relation to delivery services is the extent to which women need to be transferred when already in labour.

Intrapartum Transfers to a Consultant Led Unit

Vale of Leven	Women admitted in labour	Transfers to a consultant-led unit in labour or within one hour of delivery		Transfers to a consultant-led unit in the 2 nd stage of labour	
	No	No	%	No	%
2004	77	17	22	0	0
2005	78	26	33	4	5
2006	102	30	29	2	2

Inverclyde Royal	Women admitted in labour	Transfers to a consultant-led unit in labour or within one hour of delivery		Transfers to a consultant-led unit in the 2 nd stage of labour	
	No	No	%	No	%
2004	101	18	18	0	0
2005	154	45	29	3	2
2006	107	34	32	0	0

The Audit of Care Provided and Outcomes Achieved by Community Maternity Units in Scotland 2005. Scottish Programme for Clinical Effectiveness in Reproductive Health demonstrated that the Scottish average (%) of transfers to a consultant led unit in labour or within one hour of labour was 17%. Clearly the IRH and VoL centres are substantially above that level. It is not a desirable model of service to ambulance transfer women in labour - where that can be avoided.

3. OPTIONS FOR SERVICE DELIVERY

3.1 A 'working group' consisting of staff members, staff side representatives, finance and management were tasked to look at alternative models of care for the CMUs, adhering to the principles of providing a value for money service across Clyde, whilst maintaining local access to maternity care.

3.2 The group began by establishing and defining those services which are regarded as essential to the provision of a local service. They termed this 'Essential Local Service Provision' (ELSP). They then 'brainstormed' a long list of potential options, which would deliver these requirements. This information was shared with operational staff and following this no further options or changes to essential service provision were added.

3.3 **Essential Local Service Provision**

- Antenatal Care by Midwives- Antenatal Care in the community, GP surgeries, CMU and women's homes
- High risk antenatal care by consultant obstetrician in the CMU
- Full programme of parent education.
- Ultrasonography service x 5 days with midwife scanners for routine booking scans
- Ultrasound service supported by high risk sessions and anomaly scans undertaken by medical and specialist midwifery ultrasonographers.

- Community based post natal care
- Triage drop-in service
- Special Needs in Pregnancy (SNIPS)
- Special Needs Liaison
- Complimentary Therapy
- Smoking Cessation
- Home Births

3.4 The working group progressed from the long list of options to a short-list of four. The four short listed options were

1. Status Quo
2. Retain local births at all units through on-call shift pattern at VoL and IRH
3. Retain local births at all units through Caseload Management at VoL and IRH
4. Single midwifery-led unit in Clyde, sited at RAH

All four options retain all essential local service provision. The detail of the option appraisal is Appendix 1 of this paper.

The preferred option was concluded as a single midwifery led delivery service at the RAH with women from Inverclyde and West Dunbartonshire retaining the choice to access the three midwifery-led delivery services in Glasgow. This model:

- retains all essential local services;
- continues to offer a range of delivery choices;
- offers an economic service contributing an estimated £500K in savings to the reduction of the Clyde financial deficit.

4. STAFF

4.1 It is clear that a number of our proposed changes will impact on staff. Our commitment is to ensure that all affected staff have redeployment opportunities which can meet their aspirations and best utilise their skills.

4.2 Throughout the implementation of the changes proposed, work will continue with staff and their representatives to manage the impact of change. This will be done within the context of the national and local organisational change policies, which are based on the principle of “no detriment”.

4.3 Once staff directly affected by the changes proposed are identified, in addition to meetings with the trade unions, one to one meetings/individual redeployment interviews will be held. NHS Greater Glasgow and Clyde has a successful track record in redeploying staff taking into account individual's skills and personal circumstances. Redeployment will be the first consideration with the aim of securing alternative employment for displaced staff as a result of service change. Based on this detailed redeployment principles will be agreed and a process of vacancy management will be put in place to secure alternative employment in alternative departments and locations.

4.4 Deployment may be to a post at a lower grade and in these circumstances protection of earnings will apply. Redeployment will also be supported by a training and

development plan, which will include induction and orientation programmes, and retraining/skills updating where necessary.

- 4.5 Regular briefing sessions will be held with staff throughout the period of implementation

5. PUBLIC ENGAGEMENT

- 5.1 Four public events were held in order to facilitate the inclusion of the user perspective in the review. The first event was a public meeting, held at the David Lloyd Centre in Paisley. It agreed a strategy for community engagement that would focus on meeting with current and recent users of maternity services in Clyde, meeting in venues and at times that would be convenient for women with young children and that would aim to provide an opportunity for women to discuss the review with key health professionals.

- 5.2 Following this strategy a further three community engagement events were held.

- 5.3 All the women who came to the meetings were recent and/or current users of maternity services in Clyde. Some were accompanied by friends or partners and some by family members. The events were supported by members of the Maternity Services Review Reference Group and Midwives from the local services.

- 5.4 There was extensive publicity for the meetings. They had been promoted by the CMUs and all were well publicised with the help of Inverclyde Community Care Forum, West Dunbartonshire Community Health Partnership, GP practices, chemists, baby shops, post offices and local community venues. In addition a school bag drop to nursery and primary school pupils was undertaken in Inverclyde.

- 5.5 The purpose of the meetings was to try to build an explanatory account of women's decision-making in maternity care, particularly the reasons why they chose or did not choose to use the CMUs. The discussions are summarised below.

- 5.6 What do women like about care at the CMU?

- a wide range of services used and valued at the CMU including phone line for advice, day care/drop in support on demand, alternative therapies, early pregnancy service, pre-conception advice, breast feeding classes and support, physiotherapy;
- having continuity of a small midwifery team and the subsequent personalised attention was important to women;
- the model of care in the CMU was valued and women felt empowered as a result;
- the CMU approach builds trust and good relationships with midwives;
- the local CMU facilitates the involvement of partners and the extended family
- local services are less stressful as don't have to worry about travel – either to appointments or when go into labour;
- the intensive one to one experience of care in the CMU was valued;
- women welcomed the opportunity for a natural birth;

- the knowledge and skills of the midwifery staff were acknowledged and women felt safe in their care and know that if transfer to a CLU was required this would be undertaken.

5.7 Why do they not use the CMU?

- lack of knowledge of what was available at the CMU;
- a feeling that GPs inappropriately steered women to the CLU, especially for a first baby;
- women's lack of information on their options and the perception that they don't have a choice;
- fear of the unknown and presumptions of pain;
- fears of risks so want a doctor present —"just in case";
- impression of 'strict' criteria for the CMUs;
- lack of knowledge of direct access to midwife;
- pressure from others – family, friends, colleagues – to use the CLU;
- the local perception of the VoL hospital as 'troubled'.

5.8 A number of other issues were raised that appeared relevant to the review. These were:

- geography and lack of public transport make access to Paisley and Glasgow difficult;
- women wanted consistent information on services from health care professionals;
- lack of information available to the public about low intervention birth;
- decision on where to deliver can't be made quickly – need time to learn about options before making a choice;
- need to educate local women and health professionals on the benefits of, services available and good outcomes at the CMUs;
- it was expressed by some women that there might be too much emphasis on what could not be done at the CMU and more emphasis should be made of what is possible. A fine balance needs to be achieved to ensure informed choice is made.

6. CONCLUSION

6.1 An inclusive process involving staff, staff side representatives, service users and managers has been carried out to review the CMUs in Clyde, cumulating in a proposal of an alternative model of care which retains choice for women in Clyde, and provides local access to antenatal and post natal care, whilst maximising the use of resources and delivery of financial savings. The proposal of a single midwifery led delivery service at the RAH, also aligns service configuration to the strategic direction of Glasgow's maternity services, whereby low intervention, low risk deliveries will be provided alongside consultant led services at the Southern General Hospital and Princess Royal Maternity, Royal Infirmary.

6.2 The CMUs within Clyde will continue to offer a valuable comprehensive outpatient maternity service to their local population.

- 6.3 As the birthing suite element of the CMU services is staffed 24 hours/ 7 days a week by two midwives there is a disproportionate amount of resource attached to this service for the population benefits. In essence this means that resource is disproportionately targeted at the healthiest women who meet the criteria for local delivery, rather than at those with the greatest health need.
- 6.4 The CMUs have been developed to provide midwife led maternity care to low risk, healthy women. Eligibility criteria are used to assess risk and clearly identify women suitable for low intervention midwifery led care. Of the 73 parliamentary constituencies for which the Scottish Index for Mortality and Deprivation captured information in 2006, Dumbarton and Greenock are both in the 25 most deprived constituencies by share of the 20% most deprived zones figures. This impacts significantly on the number of women who are eligible to deliver within a CMU. However the converse of this is that while women are insufficiently healthy to be eligible for local delivery, their health needs are such that local provision of the full range of antenatal (including the Special Needs in Pregnancy Service and Early Pregnancy Assessment Service) is essential.
- 6.5 Maternity services across Clyde will be subject to further review following the implementation of these changes and as part of the continuing process to achieve financial balance.

OPTION APPRAISAL

An option appraisal process was carried out on 23rd May 2007, with 24 members of the steering group and working group, including staff, service users, staff side representatives, finance and managers.

BENEFIT CRITERIA

The four options were evaluated in terms of their relative benefits. Each benefit criterion was scored by the group giving it a weighting, then each option was scored against how well it met the criterion. The benefit criteria were as follows:

1.	Maximises acceptability to staff (e.g. in relation to working patterns and health and safety)
2.	Maximises acceptability to women (e.g. minimises need to wait for midwife to open CMU unit or requirement to go home within 6 hours after birth)
3.	Maximises accessibility for women (e.g. maximises local access, including for special needs services, and minimises travel time and cost for families)
4.	Meets service standards (e.g. relating to choice, one-to-one care in labour and continuity of care)
5.	Maximises choice in type of birth for women
6.	Maximises accessibility to members of the multi-disciplinary team in emergency situations
7.	Maximises the number of women eligible for and likely to take up the option of CMU birth
8.	Minimises the number of ambulance call-outs
9.	Maximises alignment to NHS Greater Glasgow and Clyde strategy
10.	Maximises perceived best use of resources

RISK CRITERIA

Each member of the group allocated each risk factor a score in terms of its likely impact, then scored these against each of the options.

1.	Inability to recruit and retain staff
2.	Inability to meet working time directives
3.	Inability to comply with family friendly and work-life balance policies

4.	Reduces health and safety for staff (e.g. due to lone working or increased stress)
5.	Reduces health and safety for women and babies (e.g. due to discharge within 6 hours following birth)

OPTION APPRAISAL SCORING

The results of the benefits and risk scoring was calculated by a Health Economist in the planning department. The cost of each option, ranked from highest to lowest in cost saving terms were incorporated into the overall result.

	Option 1 Status Quo	Option 2 On-call	Option 3 Caseload	Option 4 RAH Midwifery- led Delivery Service
Risk Score Lowest score=lowest risk	5.96	16.95	17.71	6.92
Weighted Benefit Score	527	412	388	508
Cost	£4,106,800	£3,568,175	£3,634,934	£3,550,763
Cost Benefit Weighted benefit score divided by cost	129	115	107	143
Ranking	2	3	4	1

Option 1: Status Quo

Service Description

This option retains the current service of:

- Dedicated on-duty midwifery staff Monday - Friday for early pregnancy, day-care, Special Needs In Pregnancy service, parent education at RAH, VoL and IRH.
- Antenatal high risk obstetric clinics and ultrasound sessions at RAH, VoL and IRH.
- Two dedicated midwives available on-duty 24/7 for birthing suite and telephone advice/drop-in at RAH, VoL and IRH.
- Seven day daytime community midwifery service for antenatal and postnatal care.

Benefits

- Women have access to local birthing unit.
- No change to staff working practice and rotas.

Risks

- Retains three units working under capacity in Clyde.
- This option does not address maximising use of NHS resource to deliver a 'value for money' service.
- This option does not release financial benefits that would support reduction of Clyde's deficit.

Option 2: Retain Local Births at All Units through On-call System at IRH and VoLService Description

- RAH services remain as described in option 1.
- All essential local service provision remains at VoL and IRH.
- Dedicated on-duty midwifery staff Monday-Friday to cover early pregnancy, Special Needs In Pregnancy service and ultrasound sessions at VoL and IRH.
- Midwifery staff on-duty to cover day-care, clinics and community will also provide cover for the birthing suite Monday-Friday 9-5pm as required, VoL and IRH.
- Out of hours cover for birthing suite provided by two on call midwives from Monday-Friday from 5pm -9am, VoL and IRH.
- At weekends birthing suite covered by one of two midwives on-duty for community midwifery service 9-5pm supported by one on-call midwife from 9am-5pm, VoL and IRH.
- Out of hours cover for birthing suite at weekends provided by two on-call midwives from 5pm-9am.
- Total of ten on-call periods from 5pm to 9am, Monday-Friday (five nights with two midwives per night).
- Total of six on-call periods at weekend - one each day to support community midwife and four to provide two on-call staff per night.

Benefits

- Women have access to local birthing unit.
- Flexible workforce, enabling financial savings to be made.
- Remaining staff continue to work at their local site.
- Midwives able to practice using full range of midwifery skills.

Risks

- Requires **all** staff at both VoL and IRH to participate in on call rota.
- Lead in time for Midwives to arrive to open birthing suite out of hours (u to 1 hour).

- Health and Safety - staff required to open up birthing suite out of hours, both units isolated. VoL isolated building, IRH isolated floor within main building.
- Health and Safety - women arrive at unopened unit prior to midwife. No A&E service at VoL.
- Potential disruption on daytime services following on-call.
- Pressure on women to be discharged home soon after birth for community based postnatal care, as unit not staffed. Potential impact on breast feeding support.
- Potential to breach EWTD in times of high activity and staff absence.
- Occupational stress associated with on-call commitments.
- Financial savings will be released incrementally in line with staff turnover and organisational change policy process.

Option 3: Retain Local Births at all Units through Caseload Management at IRH and VoL

Service Description

- Based on 'Albany practice model' (London). Provision of a dedicated midwife throughout pregnancy and birth for a caseload of low risk women.
- Two hundred low-risk women at VoL and IRH would receive total maternity care episode from a team of 5 midwives on each site including the provision of intra-partum care at home or at CMU of choice in Clyde.
- Each midwife has a total primary caseload of 40 women and is named secondary midwife with commitment to provide care for an additional 40 women.
- Midwives provide on-calls as necessary and do not receive enhanced or on-call payments but receive 3 months leave each year.
- Remaining women receive high-risk care as per status quo.
- All other local services remain same as status quo.
- Birthing suite at RAH remains staffed 24/7.

Benefits

- Women have access to local birthing unit and have continuity of care for women from a named midwife.
- Flexible workforce, enabling financial savings to be made.
- Remaining staff continue to work at their local site.
- WTE staff who carry a caseload are able to practice using their full range of midwifery skills.

Risks

- Impact on work/life balance for midwifery staff.
- Sustainability - very high burnout rate reported at other centres which have introduced caseload management.
- Lead in time for Midwives to arrive to open birthing suite out of hours (up to 1 hour).

- Health and Safety - staff required to open up birthing suite out of hours, both units isolated. VoL isolated building, IRH isolated floor within main building.
- Health and Safety - women may arrive at unopened unit prior to midwife. No A&E service at VoL.
- Staff not carrying a caseload are unable practice using their full range of midwifery skills.
- Financial savings will be released incrementally in line with staff turnover and organisational change policy process.

Option 4 Single Midwifery-led Delivery Service for Clyde, sited at RAH

Service Description

- All essential local service provision remain at VoL and IRH.
- Additional one midwife per shift at birthing suite would be required at RAH, rotated from VoL and IRH to enable midwives to practice full range of skills.
- 1.94 WTE additional auxiliary support at RAH.
- Women can access RAH or Glasgow services.

Benefits

- Maximises use of available capacity and resource.
- Flexible workforce, enabling financial savings to be made.
- Negates need for intrapartum transfers from IRH and VoL CMUs.
- Extended criteria used at RAH, expands eligibility for more women to have CMU birth.

Risks

- No local access to birthing suite at IRH and VoL.
- Potential impact on CLU and Glasgow services if women chose non CMU birthing option.
- Potential increase in ambulance requests from home to birthing unit of choice.
- Financial savings will be released incrementally in line with staff turnover and organisational change policy process.