

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow NHS Board
held in the Reid Hall, Community Central Hall,
304 Maryhill Road, Glasgow, G20 7YE
on Tuesday, 7 October 2003 at 10.30 am**

P R E S E N T

Professor Sir J Arbuthnott (in the Chair)

Mr J Best	Mr W Goudie
Mr R Calderwood	Mr P Hamilton
Mr R Cleland	Councillor J Handibode
Councillor J Coleman	Mrs W Hull
Councillor D Collins	Mrs S Kuenssberg CBE
Ms R Crocket	Mrs R K Nijjar
Mr T Davison	Dr J Nugent
Mr T A Divers OBE	Mr I Reid
Councillor R Duncan	Mr A O Robertson OBE

Councillor A White

I N A T T E N D A N C E

Ms E Borland	..	Director of Health Promotion
Dr L de Caestecker	..	Consultant in Public Health Medicine
Ms S Gordon	..	Secretariat Manager
Mr J C Hamilton	..	Head of Board Administration
Mr A McLaws	..	Director of Corporate Communications
Ms D Nelson	..	Communications Manager
Ms C Renfrew	..	Director of Planning and Community Care
Mr J Whyteside	..	Public Affairs Manager

GUEST PRESENTERS

Ms C Caldwell	..	Facilitator, Maternity Services Consultation Network (MATNET)
Ms M McGinley	..	Head of Midwifery, Princess Royal Maternity Hospital
Professor M Reid	..	Chair, Maternity Services Working Group

B Y I N V I T A T I O N

Mrs P Bryson	..	Convener, Greater Glasgow Health Council
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122. APOLOGIES

ACTION BY

Apologies for absence were intimated on behalf of Dr F Angell, Dr H Burns, Dr B Cowan, Mrs E Smith, Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Mrs G Leslie (Chair, Area Optometric Committee), Mrs F Needleman (Chair, Area Pharmaceutical Committee), Mr H Smith (Chair, Area Allied Health Professionals Committee), and Dr B West (Chair, Area Medical Committee).

123. CHAIRMAN'S INTRODUCTION

The Chairman welcomed everyone to the special meeting of the NHS Board – whose main purpose was to hear from the three groups who had been working, in a pre-consultation process, to help the NHS Board develop its proposals for formal public consultation on how modern, safe and sustainable maternity delivery services should be provided.

124. MINUTES

On the motion of Mr R Cleland, seconded by Mrs R K Nijjar, the Minutes of the meeting of the NHS Board held on Tuesday, 16 September 2003 [GGNHSB(M)03/9] were approved as an accurate record and signed by the Chairman.

125. MATTERS ARISING FROM THE MINUTES

- (i) Mr Divers advised that the Chairman and himself had met with the Leader of East Dunbartonshire Council to take forward discussions on Partnership For Care. Their Joint Community Care Committee had had its first meeting and had elected Andrew Robertson as Vice Chair.
- (ii) Arrangements had been made for the NHS Board's Annual General Meeting (AGM) which would be held on 23 October 2003 at 1.30 p.m. in Glasgow Royal Concert Hall.

NOTED

126. FUTURE OF MATERNITY SERVICES IN GREATER GLASGOW

A report of the Chief Executive [Board Paper No. 03/61] asked the Board to receive the reports and presentations from the Midwifery Workshop, the Maternity Services Users Network (MATNET) and the Maternity Services Working Group.

Sir John firstly explained that Maryhill Community Central Hall had been chosen as the venue for the NHS Board meeting in order to ensure that if a larger group of members of the public than typically attended NHS Board meetings wanted to attend, there would be ample accommodation. The NHS Board discussed key strategic issues in public session and this reflected one of his key priorities in his first year as NHS Board Chairman to improve communications with members of the public.

He highlighted that this meeting was a working session of the NHS Board and Members would wish to be informed by the three reports and presentations and to ask for clarification or further information in order that they would be best able to work towards the preparation of the Board's consultation document by 21 October 2003. Thereafter, that document would be made widely available for public consultation.

Sir John introduced each Member of the NHS Board.

The NHS Board's Communications Team had prepared a pack of material to help all in attendance to follow the presentations and discussions. Included within the pack were a number of other articles and news cuttings which may be of background interest. The pack firstly summarised the current status of the Board's consideration of the future of maternity services in Greater Glasgow and described how it would move forward. In May 2003, the NHS Board approved a process to inform formal public consultation on how to provide modern, safe and sustainable maternity delivery services. This NHS Board paper was included in the pack. The aim of that pre-consultation process was to ensure that the critical issues affecting this decision were carefully and transparently considered in a way which enabled strong public and professional engagement.

Discussions would be through the Chair and the Board would receive and consider three reports as follows:-

- Report of the Midwifery Workshop: Mary McGinley, Head of Midwifery at the Princess Royal Maternity Hospital would speak to this.
- Report of MATNET, the Maternity Services Consultation Network: Christine Caldwell, who facilitated MATNET, would speak to this.
- Report of Maternity Services Working Group: Professor Margaret Reid, Chair of the Working Group, would speak to this.

The presentations and appraisal of these three reports were intended to allow the NHS Board to consider a formal consultation paper at its 21 October 2003 meeting – which once again would be held at Maryhill Community Central Hall. If the Board agreed its approach to consultation at that meeting, there would follow three months of consultation which would include a range of further opportunities for professional and public comment before the NHS Board made its final decision and recommendation to the Minister for Health and Community Care – where the ultimate decision rested. This formal consultation process would include:-

- Meetings at which the Board's proposals would be presented and where members of the public would be able to ask questions and express their views.
- Engagement with staff interests.
- Further engagement with other NHS Boards.

In addition, there would be a wide circulation of written material for comment by a broad range of consultees.

Each presentation was then taken in turn.

(i) Report of Midwifery Workshop: Presenter - Mary McGinley, Head of Midwifery, Princess Royal Maternity Hospital

Ms McGinley thanked the Board for the opportunity to present the outcome of the Midwifery Workshop which had been held on 25 August 2003 and attended by 44 midwives. The over-riding key theme from the workshop was that the reduction in the number of delivery units in Greater Glasgow should not result in a reduction in maternity care provision for women and their families. On the contrary, it should be seen as an opportunity to look more widely at the whole service.

Much of the workshop focused on the potential to significantly change the midwifery role with, in particular, greater emphasis on midwife-managed care for women experiencing a normal pregnancy – with direct access to a midwife. It was also suggested that strengthened relationships could be formed between midwives and GPs including more local geographic service structures. The opportunity to extend the public health impact of midwives was explored and there was enthusiasm for this.

Much discussion at the workshop had surrounded the impact of larger delivery units and Ms McGinley highlighted a number of important messages, including:

- The impact of larger units required to be managed to ensure that personal aspects of care were addressed and that one-to-one care in labour was achieved.
- Provision of good facilities for the mothers of sick babies was important.
- Outreach from hospital should be maximised to reduce hospital attendances and transfers.
- There should be choices of models of care within delivery units – including domino, midwifery-led and home births and this was a fundamental requirement.
- Continuing to develop high quality critical care for mothers at risk was important.
- High quality and effective neonatal transport was critical.
- Re-provision of specialist clinics needed to be properly organised.

There was a strong consensus that community services were the most important area for development and the following was highlighted:-

- There needed to be local access for the majority of care and the majority of women.
- Targeting more assertively, and with more resources, those who had not traditionally accessed services was an important developing midwifery role.
- Facilities in the community were highly constrained and needed to be addressed.
- The potential of technology, for example, tele-medicine needed to be explored.
- The Community Health Partnership provided an organisational form for much stronger relationships in primary care – a team approach to the care of women, children and families.

In terms of priorities surrounding staffing, the following had emerged from the workshop discussion:-

- The need to learn from previous closures.
- The positive impact of previous changes in developing ways of working.
- The need to ensure staff involvement in connection with their future workplace and patterns of working – recognising that there should be consistent service models but there should also be the potential for different ways of working within them.
- More practitioner involvement in decision making to raise morale and retain staff.
- Transport policy and information technology issues needed to be addressed.
- The pressures incurred when seeing increasingly different and more diverse communities (often with higher expectations and levels of need) needed to be addressed.

In summing up, Ms McGinley highlighted the most important issues to get right:-

- Service model.
- Local access to a midwife clinic.
- Ability to assess risk.
- Consultant linked to a geographical area.
- Consultant involvement in higher risk cases.
- Lessons to be learned from Millbrae and Rutherglen Maternity Community Clinics.
- Ensure high quality intrapartum care.
- One-to-one in labour.
- Ensure staff were skilled in providing critical care where required.
- Avoid separation of mothers and babies.
- Care for mothers alongside babies.

Furthermore, the critical staffing issues included the following:-

- The need to ensure adequate staffing levels and manageable midwifery caseloads.
- Education and training for new roles.
- Involvement of staff in decision making.
- Consistent service models but flexibility in ways of working.

Ms McGinley described how the workshop had given midwives the opportunity to have an intense and open discussion about a wide range of issues and implications of change to delivery units. Midwives concluded that changes could bring positive benefits and past experiences had demonstrated that it allowed new ways of working and new ideas to be introduced. Regardless of the outcome of the consultation exercise, the quality of service for women should be the same as currently provided or better.

Sir John thanked Ms McGinley for her informative and constructive presentation.

Councillor Collins asked Ms McGinley about parental involvement in the workshop. Ms McGinley advised that this strand of the pre-consultation on maternity services was focused on midwives from the three Greater Glasgow services. There had been a separate exercise seeking user, including parental views.

Mr Divers referred to the examples of good practice highlighted at Millbrae and Rutherglen Maternity Community Clinics. Ms McGinley described the services provided from there in that day care was provided in local communities with an established midwifery community base. She also highlighted that, at the moment, the Clydebank and Easterhouse Clinics were supported by midwives. In response to a question from Dr J Nugent, Ms McGinley confirmed that Rutherglen Maternity Hospital had dealt with around 3,000 births per annum. Following its closure, the Millbrae and Rutherglen Maternity Community Care Centres formed with enhanced midwifery involvement.

Mr Goudie recognised that local community services were successful in reducing hospital admissions both antenatal and post-natal. Access was, however, paramount and he encouraged the Board to think about how many services could be provided from local health centres rather than hospitals.

In response to a question from Mr Best, Ms McGinley confirmed that midwives recognised the issue of importance in avoiding the separation of mothers from babies. As such, mothers should have access to comfortable accommodation – if need be to stay overnight.

Dr de Caestecker reiterated the need for enhanced practitioner involvement in the decision making process and midwives should be closely involved in such partnership working.

In response to a question from Sir John, Ms McGinley advised that NHS Greater Glasgow had led the way in terms of having a social model of care, particularly in terms of midwifery services. In looking to English hospitals (especially in London) for ways of working, Ms McGinley advised that midwife-managed care was balanced to medical-managed care and this could be further explored in Greater Glasgow.

(ii) Report of MATNET, the Maternity Services Consultation Network: Presenter – Christine Caldwell, Facilitator

The MATNET report was based on consultation with local community groups, organisations and a special MATNET meeting set up to look specifically at reduction of three maternity units to two in NHS Greater Glasgow.

MATNET had recognised the difficult decision to be made about the future of Greater Glasgow's maternity hospitals but had agreed that one site should be closed. In concluding this, however, MATNET had had no view on which site this should be.

MATNET agreed that hospital closure could offer an opportunity to identify and implement changes in service that would benefit women and their families across the city. In taking this forward, one important issue was the need to increase maternity services within local communities giving women access to a wide range of local maternity services. In recognition of this, MATNET had considered the model of community services adopted in Rutherglen as being a highly recommended model for the city. Furthermore, antenatal classes would be greatly improved if they were provided in local community venues and Ms Caldwell described the antenatal classes currently run in Eastbank Health Promotion Centre which were very popular with women.

MATNET urged the Board to consider how it could support women to attend hospital services, particularly in relation to public transport, car parking, rest facilities and child care. When planning the hospital closure, consideration should be given to the travelling consequences to the remaining two hospital sites.

Training must be given to midwives in order to support them in taking on increased public health roles, however, other issues raised by MATNET were regarding consistency of carer with much emphasis placed on developing a relationship with a midwife. It had appeared that many women were unaware of their choice regarding where they could deliver their baby and MATNET encouraged better available information to ensure that they could participate fully in such decision making.

There was a need for better post-natal services for women and the flexibility of such support should be addressed. Ms Caldwell cited the Starting Well Project as an excellent model of needs-led support provision.

Maternity hospital facilities should be well decorated and well ventilated with windows. A model described fitting these criteria was at the Tower Suite, Queen Mother's Hospital. Facilities should also be able to accommodate partners should they need to stay at the hospital.

MATNET welcomed the opportunity to present its views at the NHS Board meeting and hoped that through its membership of the Maternity Services Liaison Committee, it would be able to continue to contribute to the plans for Greater Glasgow's maternity services.

In response to a question from Sir John, Ms Caldwell acknowledged that MATNET was a new organisation and had had its first meeting in August. Much work had been done in Greater Glasgow, including visiting local communities and groups with an interest in maternity services. She reiterated Ms McGinley's point that Greater Glasgow was a leading light in maternity services especially in its community-based services.

Dr J Nugent saw many overlapping themes between the Midwives' Workshop and the MATNET report, particularly in relation to progressing community-led services.

With regard to the access and transport issues raised, Sir John confirmed that the NHS Board was currently engaged with Strathclyde Transport to see how best transport provision could be addressed to hospital sites throughout NHS Greater Glasgow.

(iii) Report of Maternity Services Working Group: Presenter – Professor Margaret Reid, Chair

Professor Reid introduced Ms Crocket, Director of Nursing, Greater Glasgow NHS Board, who described the pre-consultation process.

Ms Crocket referred to the decision made in 1999, as part of the broader process of modernising maternity services, to reduce the number of maternity hospitals in Greater Glasgow from three to two. At that time, however, no decision was made about which hospital should close. Currently, NHS Greater Glasgow has three maternity hospitals:-

- Princess Royal Maternity Hospital opened 2001 (Level III – indicating over 3,000 babies per year).
- Queen Mother’s Hospital, co-located with the Royal Hospital for Sick Children (Level III – indicating over 3,000 per year).
- Southern General Hospital (Level IIa – indicating less than 3,000 babies per year).

She described the background factors affecting maternity services since 1999, including:-

- The continuing decline in the birth rate in Scotland resulting in existing hospitals working to less than capacity.
- The imminent EU directive on Consultant Working Hours.
- Junior Doctors working hours and training meant increasing difficulty in providing rotas and on-call emergency cover in the three sites.

Accordingly, there were two options facing the NHS Board:-

1. The closure of the Southern General Hospital Delivery Unit and expansion of facilities at the Queen Mother’s Hospital to deal with additional deliveries.
2. The closure of the Queen Mother’s Hospital and expansion of facilities at the Southern General Hospital Delivery Unit to deal with additional deliveries.

Ms Crocket outlined the membership and remit of the working group and the pre-consultation process. The working group had held 11 evidence sessions and had heard verbal evidence from over 80 individuals. Furthermore, over 55 written responses had been received.

The working group had been supported by nine expert advisers who had been nominated by their professional bodies. These advisers had offered an objective perspective and had reviewed the working group’s key issues – they had also visited all three hospital sites.

Based on all the oral and written evidence, the working group report had led to eight recommendations.

Professor Reid went on to describe the findings from the pre-consultation exercise touching on clinical issues (including maternal care, neonatal care, research and training and other services), qualitative issues, issues concerning location, estates and transport, the overall long term solution and the working group's eight suggested recommendations.

She described the procedures currently in place in Greater Glasgow's three maternity hospitals in responding to emergencies and the key factors associated with this, particularly that critically ill mothers did not transport well, therefore, such situations were time critical.

Although maternal mortality from childbirth was now very low, nevertheless, services were organised to ensure minimum risk to the mother. National and professional documents supported the decision of locating a maternity hospital on-site with a hospital with adult ITU services.

The trend of maternity hospitals in Scotland had been towards re-location to an adult hospital with on-site adult ITU facilities with 19 out of 20 hospitals now moved to, or moving to, a site co-located with adult services. The Queen Mother's Hospital would remain as the only maternity hospital without ITU on-site. Locating maternity services (for low and high risk mothers) with on-site ITU facilities allowed a rapid transfer of the woman if there were complications during labour or delivery.

As well as stressing the importance of transfers, the importance of providing access of expertise from an on-site adult ITU to the mother in an emergency situation was acknowledged.

Maternal emergencies were seen as less predictable than neonatal emergencies. This would increasingly be the case if Greater Glasgow's maternity hospitals adopted a 20-week routine anomaly scan which would provide greater likelihood of predicting the need for neonatal surgery.

Very small numbers of critically ill women would be transferred from any hospital in one year. Experience of junior medical staff on managing life-threatening emergency situations in mothers was, therefore, likely to be very limited. Staff on an adult site had more routine exposure to adult emergencies and hence more experience.

National guidance for women who might be categorised as "high risk" (for example, from areas of deprivation, older mothers, multiple pregnancies and/or who had existing medical conditions) was that they should give birth in a hospital with on-site ITU facilities. Statistics relating to Greater Glasgow women suggested that a significant proportion would fall into a high risk category.

It was generally agreed that although staffing of the neonatal intensive care units in Glasgow was part of a national shortage, such units were thought of as appropriate in their standard of care. Neonatal transport within Glasgow and the West of Scotland was now organised to offer an appropriate standard to provide safe transport to neonates who required transporting across the city. Neonates could be safely transported to and from the Royal Hospital for Sick Children before and after surgery from other hospitals; it was stressed that such transport takes place elsewhere in the UK on a daily basis.

It was noted that the units worked to different protocols and practices and the group's experts stressed the importance of a development of midwife-led care where appropriate.

It was clear that research in this broad area was strong and that any changes to the service should ensure that research strengths were maintained.

Capital costs associated with the various options at both the Queen Mother's Hospital and Southern General Hospital had been explored and offered substantially different costs associated with refurbishment. The report concluded that, in the medium term, the Queen Mother's Hospital might not be able to provide maternity services while substantial refurbishments were being made to the building.

Transport issues were seen to affect both patients and staff and the report urged good transport provision in any future services.

Mrs Kuenssberg had been encouraged by the Midwives Workshop and MATNET reports, particularly in the overlapping areas of enhanced community services. She noted that neither group had expressed a preferred option of the future siting of Greater Glasgow's maternity hospitals. She expressed her view that more would be lost than gained by closing the Queen Mother's Hospital. The report did not explain sufficiently what would be the practical consequences of breaking the links between maternity (including foetal), neonatal and paediatric services. She was concerned at the effects on academic research and training and asked how the consultation document would acknowledge negative consequences and explain how their effects would be overcome. Mr Divers described the consultation exercise as being framed around a number of questions and options which would draw out the pros and cons of each recommendation.

In response to a question from Mrs Kuenssberg in connection with the regional and national role of the Queen Mother's Hospital/Royal Hospital for Sick Children, Ms Crocket referred to the very difficult decision to be made and the scenario planning exercises undertaken by the working group and the experts. Professor Reid stated that the transfer would not inhibit the excellent work currently being carried out.

Professor Reid acknowledged the concerns about foetal medicine but stated that their evidence pointed to the fact that there would be no detrimental clinical effect of transferring it from the Queen Mother's Hospital to the Princess Royal Maternity Hospital.

In relation to the financial issues and the financial implications of moving to the preferred option, Mrs Kuenssberg pointed out that this had been included in the remit of the working group but had not formed any part of the report. Mr Divers indicated that it was not appropriate to profile financial issues at this stage of the process, but acknowledged that the NHS Board's final decision must take account of the associated financial implications. What was paramount was that the best clinical model was established.

Mr Robertson sought clarification around the eight recommendations and how inter-dependent they were on each other. Mr Divers advised that this would be a matter for the Board to discuss in determining the format of the consultation documentation.

Mr Best stated that it was difficult in the time available to give detailed comments on the report and its recommendations, however, he had a duty to support the affected staff and would be briefing them that afternoon. He was concerned that the working group had gone beyond their remit. Mr Goudie endorsed this in relation to Recommendation 8 about the long-term location of the Royal Hospital for Sick Children. Mr Divers commented that the Working Group had felt that it must make this view known to the NHS Board as it had been put forward by many of the experts whom the Group had met. He drew attention also to the bullet point under recommendation 8 in the Working Group report which stated that any decision relating to the Royal Hospital for Sick Children would require appropriate consultation and be commensurate with the Board's overall strategic and financial plan.

Mr Best referred to the child/maternal ethos, particularly in relation to mothers and children where infants required neonatal surgery. Professor Reid referred to this small group of babies and stated how impressed the working group was with the current facilities provided by the Ronald Macdonald House where mothers could stay throughout their child's care in hospital.

In response to a question from Mr Robertson, Professor Reid confirmed that the figure of £7.1 million at the Southern General Hospital included creating an additional facility for the transferred births from the Queen Mother's. With regard to the breakdown of the figures, Catriona Renfrew agreed to make available to Members the report commissioned on this issue.

Dr de Caestecker encouraged the Board not to lose sight of the main aim which was to improve child health. In line with this, Mr Divers confirmed that the consultation itself would pick up the key issues arising from the presentations and bring together in a common format.

Sir John thanked all three presenters for the work undertaken by the groups and indicated that the NHS Board would now consider the key issues as it developed its proposals for consultation on the future of maternity services for Greater Glasgow so that they can be submitted to the NHS Board on 21 October 2003 for consideration.

**Director of
Planning and
Community Care**

The meeting ended at 12.15 p.m.