

Greater Glasgow NHS Board

Board Meeting

Tuesday 20th May 2003

Board Paper No. 2003/32

**DIRECTOR OF PLANNING
AND COMMUNITY CARE**

IMPROVING MATERNITY SERVICES – THE NEXT STEPS

Recommendation:

The Board approve:-

- A) the proposed process to establish a Working Group with the remit to:-**
- **comprehensively review and provide advice how to provide modern, safe and sustainable maternity delivery services for our population as the final stage of implementing of the Maternity Services Strategy.**
 - **carrying out its work in a fully engaging, transparent and accessible way.**
- B) the establishment of a comprehensive effort, through the Maternity Services Liason Committee's (MSLC's) consultation network, to engage consumer interests in maternity services to further inform its decisions.**

1 Purpose

- 1.1 The purpose of this paper is to set out a process of public, patient and professional engagement to enable the Board to reach a decision on the disposition and development of maternity delivery units, to ensure we have a pattern of services which offers the highest quality and safest service for women and their babies.

This is the final strand implementing the Maternity Services Strategy, which was developed in partnership with women, and has already achieved a number of the priorities they set for services. These include, strengthened community services, innovative maternity centres, improved relationships with primary care and better information and support for pregnant women.

- 1.2 This is an important decision about a core part of our Maternity Services but it is important to restate that for the vast majority of women, almost all of their care, during the normal process of pregnancy and birth, is provided by midwifery, medical and primary care staff working in community settings.

2 Background

- 2.1 It is important to set this current decision in a wider context. A review of the Maternity Services Strategy was conducted under the auspices of the Maternity Services Liaison Committee (MSLC) in 1999. The MSLC brings together clinical, professional and consumer interests to advise the Board on Maternity policy. The MSLC recommendations, endorsed by the Board for consultation, included the advice that, due to the reducing number of deliveries and pressures on clinical services, particularly obstetric and anaesthetic rotas, the only sustainable pattern of services for the future should be two delivery units in Glasgow rather than the present three.
- 2.2 Expanding the basis for that advice, the MSLC highlighted:-
- births in 1998/99 were already below the level projected for 2001 with an anticipated maximum of 11,400 in Glasgow and the new Princess Royal Maternity Hospital (PRMH) with a capacity to deliver of at least 6000.
 - delivery units below 3000 may not be able to retain neonatal intensive care facilities.
 - obstetric and neonatal staffing is not sustainable across the 3 sites as a result of changes to doctors working hours and training.
 - the Royal College of Obstetricians and Gynaecologists recommendations in “Toward Safer Childbirth” could not be met on 3 sites.
 - the extent to which the vast majority of women can receive almost all of their care in community settings with the delivery experience limited to a single, short episode, reflecting the development of community services and reducing lengths of stay.
- 2.3 Following through the MSLC report, the Board undertook a major consultation exercise in Autumn 1999 and in reviewing the outcome of consultation in November of that year approved a Maternity Strategy with a series of recommendations, including a reduction in delivery units from 3 to 2 – seeking further advice from MSLC on how that decision should be implemented and the implications for current services.

- 2.4. Following approval of the Maternity Strategy, a MSLC sub group was established in late 1999 to advise the Board on the process and key issues to reach a decision on which delivery site should close, to enable the development of the new pattern of services. The sub group report was approved by MSLC in May 2000 and submitted to the Health Board with the recommendation that the Board establish an extensive programme of public engagement around the maternity strategy and full consultation to debate the options for the future shape of delivery services.
- 2.5 In parallel to this process the critical phase of consultation on the Acute Services Review raised the question of the future siting of paediatric services – it was concluded that a combined process for paediatrics and maternity services should be a core component of the further development of the Acute Services Strategy and further process on delivery unit changes was held pending that process. By late 2001, that further development and consultation had concluded that decisions on the siting of paediatric and the delivery component of maternity services should not form part of the overall Acute Services Review, which was finally approved in August 2002.
- 2.6 The rest of this paper proposes the way in which the Board should arrive at a fully informed view on the future pattern of delivery units in advance of formal public consultation. Key aims of the process are to enable all of the clinical, professional and women’s interests to have their say in this important decision and to ensure that the Board is fully advised on all aspects of this matter prior to reaching conclusions. The paper also describes the policy context, regional planning dimensions and the key clinical, service and financial issues.

3. Current Position and Key Issues for Decision Making

- 3.1 Glasgow currently has three maternity units providing consultant deliveries. The Princess Royal Maternity Hospital (PRMH), opened in 2001, at present it delivers around 4,800 babies against a probable capacity of 6500 and, therefore, has significant unused facilities in our most modern maternity unit. The Queen Mother’s (QMH) and the Southern General(SGH) deliver respectively, 3400 and 3000 women each year operating at around 60% of their potential capacity. Both have ageing facilities which need capital investment to provide a modern standard of accommodation.
- 3.2 The QMH and PRMH each provide a range of services for the West of Scotland including neonatal intensive care and foetal medicine, and in the case of the QMH, an obstetric and neonatal medical service co-located with the neonatal surgical and tertiary paediatric specialties within the Royal Hospital for Sick Children.
- 3.3 The earlier work of the Maternity Services Liaison Committee, fully consulted on by the Board, established that in order to provide the best clinical care in modern facilities, supported by further capital investment, we need to decide

whether the Southern General or Queen Mother's Hospital Units should be the focus for future delivery services and development in partnership with the PRMH.

- 3.4 There are a number of important issues which need to be considered in determining the future pattern of delivery services.

Our primary concern must be to achieve the highest standard of care and safety for women and their babies. That means we need to consider carefully the relationship between maternity services, and the needs of women and babies who experience complications or problems during delivery, recognising that, for the vast majority of patients, this is an uncomplicated and happy event. We also need to make sure that we are providing care in modern facilities, properly used, that those services are accessible to women and their families and fully linked to community services, before and after delivery, where almost all maternity care is provided.

We also need to consider the future development of services – particularly as we are currently making capital investment decisions for the long term – a significant issue here is the judgement on whether, in the longer term, there would be major benefits to co-locating adult and paediatric services, redeveloping the Children's hospital on a new site.

- 3.5 In addition to the clinical case for change a further significant factor is the opportunity cost for other child and maternal health services of maintaining facilities which are not being fully utilised. This is especially so as we have a whole range of priorities, particularly around developing community services and support for vulnerable families, which require investment.
- 3.6 The next section outlines a way in which we could establish a process to consider these issues and provide the best possible and informed advice to the Board.

4 Proposed Process

- 4.1 As the previous section outlines – the question of which delivery unit should be developed as Glasgow's second centre for the future, is a complex one, with a number of clinical, patient and financial factors which need careful evaluation. The process outlined below is intended to ensure that before the Board develops its proposals for formal public consultation all of the critical issues are carefully and transparently considered in a way which enables strong public and professional engagement.

- 4.2 We propose the establishment of a small Working Group which will consider all of the available evidence and information. This will include a number of sessions, open to the public, where key interests will have the opportunity to set out their views for discussion and debate.

In addition, the group will be able to invite relevant professional and patient interests to attend in order to obtain their views on the key issues.

- 4.3 **The working group will be independently chaired and will include 4 non executive Board members. Its purpose will be to thoroughly consider all of the relevant clinical, service and financial issues and offer a report to the full Board on the preferred option for which delivery service should be developed as Glasgow's second centre to best meet the needs of women and babies. This will enable the Board to reach propositions for full and formal public consultation.**

- 4.4 Support to the group will be provided by dedicated administrative capacity and a range of inputs from the Board's child and maternal, women's health and planning teams. The group may also seek external clinical advice, sourced through the relevant Royal Colleges and other professional bodies. Extensive input from our communications team will ensure an appropriate profile for the group's work and to ensure the widest possible opportunity for engagement.

- 4.5 In addition to the Working Group we will, through the MSLC, identify the consumer interests and networks around maternity services and establish a process to brief those interests and networks on the key issues. This will enable a range of patient views to be fully included in the Board's evaluation. The paper at attachment one provides further detail on this approach. Given that midwives are the largest professional group involved in the provision of these services, we will also reconvene the cross Glasgow midwifery forum which helped us to formulate other aspects of the Maternity Strategy.

- 4.6 Our proposal is that these two important strands of work should be completed by the middle of August 2003 to enable the Board formulate propositions and to embark on formal, public consultation in October 2003.

This two stage process enables a wide range of engagement before proposals are finalised but with a further opportunity for involvement during the public consultation process.

5 Policy Framework

- 5.1 Decisions on maternity services need to be made within the framework of a number of recent policy statements. In Scotland, the deputy Minister for Health led an Expert Group on Acute Maternity services,(EGAMS), which reported earlier this year. This work followed up the Framework for Maternity Services in Scotland, published by the then Minister for Health in 2000.
- 5.2 In addition, the regular, UK wide enquiries into maternal deaths and recent English Department of Health work on a National Service Framework for children and young people, provide further policy direction, including detailed work on neonatal intensive care.
- 5.3 There is also a range of guidance available from professional organisations, including the Royal College of Obstetrics and Gynaecology, the British Association of Paediatric Surgeons and the British Association of Perinatal Medicine.
- 5.4 This various policy guidance would provide important material for the working group to apply to our situation in Greater Glasgow.

6 Regional Planning

- 6.1 In reaching conclusions about the pattern of maternity units for Glasgow it will be important to take cognisance of the plans of adjacent Boards, both in terms of any changes to flows of women into Glasgow delivery units but also reflecting the tertiary services provided by Glasgow hospitals for other parts of the West of Scotland .
- 6.2 Lanarkshire Health Board have a stable pattern of provision with a modern single delivery unit at Wishaw hospital. Argyll and Clyde are currently consulting on options to change the pattern of their maternity services. That process is due to conclude by the end of July 2003 which will enable our decisions to be made in the context of a clear, final strategy for Argyll and Clyde residents. Our planning to date has assumed Argyll and Clyde continues to have a substantial consultant maternity unit, meeting the delivery requirement of the majority of its own population, which presently has the following pattern of deliveries (2000/01 figures).

Royal Alexandria Hospital, Paisley	2047
Inverclyde Royal Hospital, Greenock	984
Vale of Leven Hospital, Alexandria	862
Midwifery units	<u>88</u>
	3891

Flows into Glasgow from other West of Scotland Boards are relatively marginal and there is no indication these will change.

7. Conclusion

This is an important, long term decision about the shape of core component of Maternity Services and the aim of the process this paper recommends to the Board is to ensure that our decision making is based on a full assessment of the issues allowing the key interests to be comprehensively engaged in advance of formal public consultation.

Greater Glasgow NHS Board



Maternity Services - Consulting with Users and the Community

Summary report on developing user representation on
the Maternity Services Liaison Committee

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1. Introduction

Users of maternity services should be actively involved in planning and reviewing services. The lay representation must reflect the ethnic, cultural and social mix of the local population.

Changing Childbirth, Department of Health, 1993

Recent years have seen a power shift in the health service, away from professionals and towards the users of services. The current policy context^{1,2} places patients at the centre of health service delivery and planning by promoting greater partnership with users and public involvement in decisions over service provision. Increased organisational commitment and resources have followed this policy directive leading to a proliferation of consultation and public involvement activities. User involvement, however, is not a recent development for Maternity Services Liaison Committees (MSLCs) as these were set up with the explicit aim of ensuring that users were actively involved in the planning, development and evaluation of maternity services³. However, despite the clear desire to involve users experience has shown that this is not straightforward. Developing lay representation has not always proved easy and as a result a number of difficulties have been documented by community groups⁴.

Nevertheless, the growing emphasis on health service partnership with the wider public has led to a range of activity on developing techniques for ensuring effective representation^{6,7}. Traditionally, engagement with the community has been limited to public meetings at one end of the spectrum and highly structured engagement with organised groups at the other. However, recently there has been a proliferation of innovative approaches, many of which have sought to engage a broader representation of the public through the use of more discursive methods⁸.

This project sought to explore the feasibility of having a network with broad lay representation linked to the MSLC. It investigated a methodology to support the active participation of users and the community in an on-going dialogue on maternity services. The project was known as MatNet – short for Maternity Services Consultation Network.

2. Aims of MatNet

The purpose of MatNet would be to ensure that the needs and concerns of users and the wider community systematically informed the development of maternity services. It would seek to build on existing in-house and external systems that gather retrospective feedback from recent users on their experience of and satisfaction with services and develop a framework within which prospective plans for maternity could be discussed with an informed group of potential, recent and past users.

The systems developed would aim to collect information from a wide range of stakeholders in maternity services. This includes women who have recently had a baby, their partners and families. Also included would be the views of women who may be users of maternity services in the future, those who have past experience of maternity and informed groups of workers who are familiar with maternity care and who, through the course of their work, exchange information with women and their families. The network would seek to cover the Greater Glasgow NHS Board area and reflect the social demographics of the city.

3. Stages of the Project

There were four stages to this project. These were as follows:

1. **Review of Public Involvement in Maternity Services:** a review of similar models or prior work that could be used to help shape the development of the project.
2. **Identifying Community Interests in Maternity:** a Glasgow-wide mapping exercise to determine the feasibility of a representative network and to identify potential subjects to further explore the concept with
3. **Community Consultation on a Maternity Network:** a series of focus groups and interviews designed to explore with potential members the nature and organisation of a maternity network
4. **Development of a Sustainable Consultation Structure:** an investigation of the issues of structure, resourcing and management support necessary to ensure the on-going viability and validity of the consultation network.

4. Results

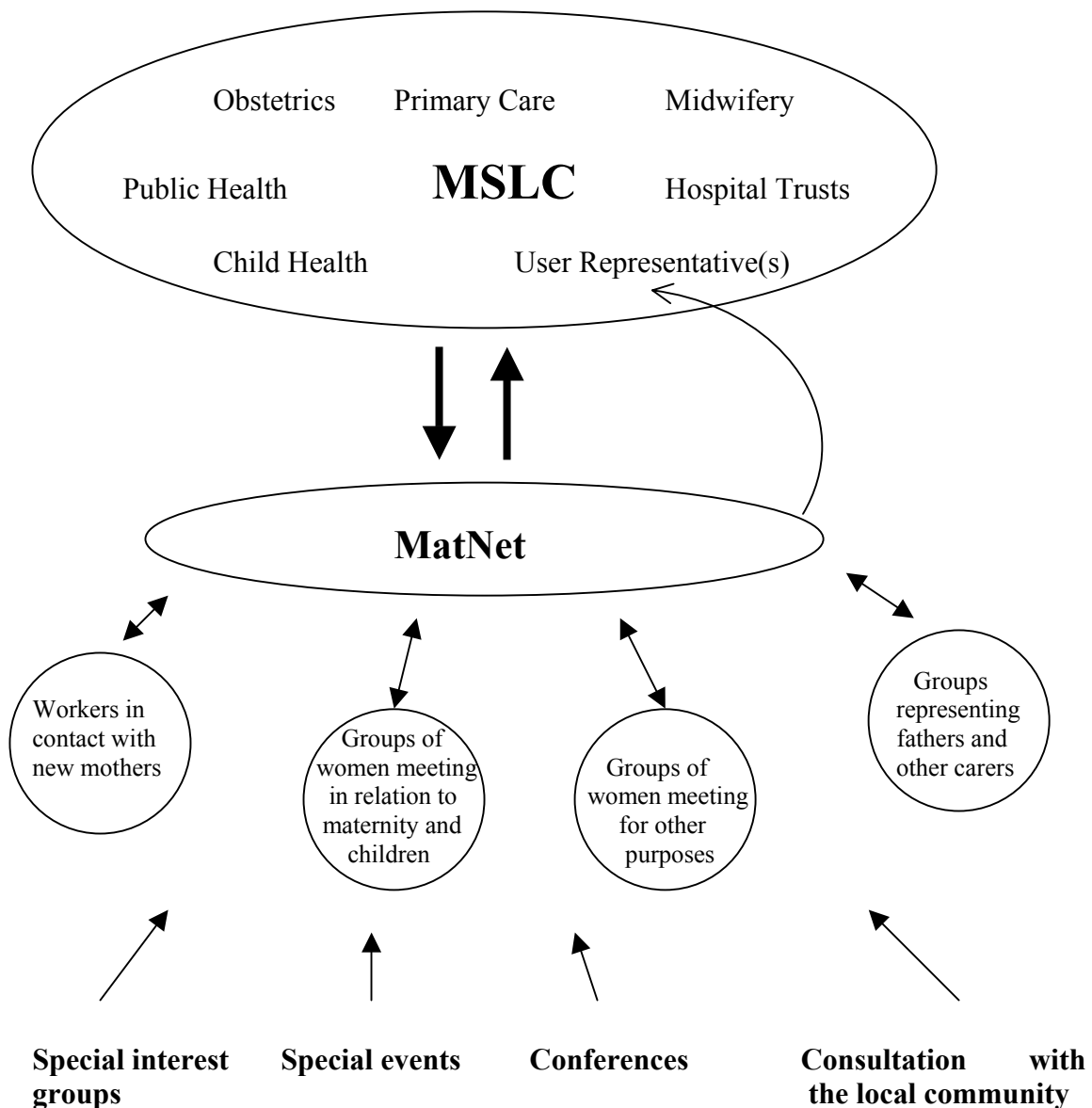
- 4.1 **Review of Public Involvement in Maternity Services:** We couldn't find any models similar to MatNet but there were a lot of lessons from other projects, most notably in community planning, which could help the development of MatNet.
- 4.2 **Identifying Community Interests in Maternity:** Glasgow has a good spread of community-based projects, both statutory and voluntary. Those chosen for inclusion in this part of the research provided a rich seam of knowledge interest and commitment to participation in a maternity network. These projects allowed us access to a wide range of women in our communities who are active and interested in looking at how our services work and can be supported in their development. The scoping study was, thus, successful in identifying a robust membership for a maternity network from a combination of established databases and from local and community knowledge.
- 4.3 **Community Consultation on a Maternity Network:** The focus groups found a lot of work on maternity and childrearing issues taking place in the community and a very positive response to the idea of being able to take part in discussions around the provision of maternity services. Many groups already had work underway that linked into the theme of the network. These ranged from fairly traditional approaches e.g. breastfeeding support, parenting support and development; home visiting schemes and parents drop in groups, to specific work on maternity experience. There appeared to be enthusiasm within communities for the development of a network of maternity service users, who would have a proactive and positive role in the development of maternity services in Glasgow. Linked to the general widespread support for the concept of MatNet across all the focus groups, was a recognition that the current systems for providing feedback to service providers were not adequate.

The preferred model of how the network might operate was that each group involved would discuss priority topics within their own groups in a supported

way, with representatives then feeding into a wider network forum. This forum would then identify one or preferably two representatives to attend the MSLC on its behalf. Most of the groups expressed some concern over the level of commitment involved and several groups highlighted the importance of good two-way communication, emphasising the need for groups to hear back from the MSLC on what was happening around the feedback provided and issues raised by the network.

The model of MatNet described was as follows: -

Figure 1: Potential Model of MatNet and it's Relationship to the MSLC



4.4 Development of a Sustainable Consultation Structure: In our review of user participation MatNet was perceived as being a strong model of community representation, potentially providing a voice and viewpoint for a cross section of Glasgow's users of maternity services. It was felt that this model could lead to on-going, good two-way communication between the MSLC and the community it serves. However, there appeared to be implications for the

MSLC in adopting this model. It would need to build its capacity to engage with MatNet and to understand and use the feedback from public involvement.

Deliberations on the sustainability of the network identified a range of support and management functions required to ensure effective and lively maintenance. These had resource implications. These were relatively modest, involving cover of childcare, travelling and refreshments. One group also highlighted some training needs for network representatives. It seemed likely that MatNet could benefit from the existing expertise in managing community networks held by Community Health Projects.

5. Discussion & Recommendations

Several user and community movements, together with policy developments have converged over recent decades to make user involvement now a necessity in the planning, management and delivery of health and social care. Bringing the experience and expertise of those who use services to the activity of planning is now seen as essential for achieving quality. Service users are able to contribute knowledge and opinions on the experience of receiving services, what is missing, challenging conventional wisdom and developing new ideas and service standards. People's needs, aspirations, personal experience and direct evaluation can then inform the task of planning.

This project explored an innovative approach to engaging a broad representation of the public in planning for maternity services – the creation of a network with which the MSLC can conduct a long-term, on-going dialogue on the development and refinement of maternity services.

Does Glasgow have the capacity to support such a network?

From this study it would appear so and there seems to be sufficient interest in participation to warrant developing a pilot project to take the idea forward. There appears to be enthusiasm within communities for the development of a network of maternity service users, who have a proactive and positive role in the development of maternity services.

It is therefore recommended that the MSLC seeks to establish the Maternity Services Consultation Network (MatNet) on a pilot basis. This pilot will further develop the concept of a network and establish its capacity to act as a forum for the exchange of information and communication relating to maternity services and the work of the MSLC. MatNet would be established on the following principles.

5.1 Purpose

The Maternity Services Consultation Network will:

- ❖ Act as a forum for the exchange of information and communication relating to maternity services and the work of the MSLC
- ❖ Seek to influence both local and national policies and practice that relates to maternity services
- ❖ Create a process for on-going dialogue with an informed group of stakeholders in maternity

5.2 Membership

Membership of the Network shall be open to representatives from community groups and organisations in the GGNHSB area. These will meet the criteria established by the MSLC for membership.

An Executive Committee comprising of both the MSLC and the network representatives should be established to further develop the work of the network including setting up working/task/sub-groups to develop key issues e.g. newsletter, web-site, links to the MSLC etc.

5.3 Meetings

The network will meet twice a year but can also hold special meetings to respond for example to key policies, consultation documents, matters of urgency. The meetings will be preceded by discussions within member groups that will be facilitated by information, briefings or visits by representatives of the MSLC. However, network meetings will also include space for members to raise issues and set their own agenda.

5.4 Interface with the MSLC

Two representatives from MatNet should attend MSLC meetings. A protocol should be established outlining the agreed channels of communication between MatNet and the MSLC, MSLC membership participation in MatNet and the integration of the MatNet representatives into the work of the MSLC meetings

Monitoring and evaluation procedures will also be required in order to document and assess the work of MatNet and its relationship to the MSLC

5.5 Support and Management

It is proposed that this support and day-to-day management of the network should be located within a Community Health Project. They would be responsible for the membership, informational, support and co-ordination needs of the network.

6. References

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