

**NHS Greater Glasgow and Clyde**

**NHS Board Meeting**

**Tuesday, 19<sup>th</sup> August, 2008**



**Chief Operating Officer/Director of Acute Services,  
Strategy Implementation & Planning**

**Board Paper No 08/35**

## **Proposed Changes to Maternity Services in Clyde: Outcome of Consultation**

### **Recommendation**

The Board is asked to:

- Note the outcome of the consultation process and the responses received.
- Support the continued provision, for the next 3 years, of midwife-led birthing services at the community midwifery units (CMUs) in Inverclyde (IRH), the Vale of Leven (VoL) and the Royal Alexandra Hospitals (RAH). During this period there will be a positive publicity campaign and birth suite activity will be monitored.

### **1. Purpose**

This paper sets out the conclusion of the consultation process that has been undertaken on proposed changes to maternity services in Clyde. The document that formed the basis of the consultation is included as Appendix 1 to this paper.

The purpose of the paper is to:

- Describe the engagement and consultation process that has been undertaken;
- Provide a summary of responses received and comments made at public meetings from the public and other stakeholders during the extended consultation period (Appendices 2, 3, 4 and 5);
- Summarise the findings of the audit undertaken into women's choice during the consultation period;
- Respond to the feedback received during consultation;
- Explain why it is proposed that birthing services in addition to the full range of ante-natal and post-natal services should continue to be provided at Inverclyde and Vale of Leven Community Midwifery Units for the next 3 years.

### **2. Background**

The initial review of maternity services within Clyde was undertaken during 2006 and 2007. A paper summarising the findings of the review, and the engagement process on which it was based, was submitted to the Board of NHS Greater Glasgow and Clyde in June 2007. This was followed by a period of Independent Scrutiny which considered the findings of the review and the wider review process.

## EMBARGOED UNTIL MEETING

Formal consultation, taking account of the Independent Scrutiny Panel findings, was launched on the 27<sup>th</sup> March 2008 and initially scheduled to finish on the 19<sup>th</sup> June 2008. This period was extended to the 27<sup>th</sup> June to enable all interested parties to respond and all responses received up to the submission of this paper to the NHS Board were accepted.

The Consultation Document (Appendix 1) describes in detail the findings of the review process and the proposals put forward for full consultation and includes reference to the Independent Scrutiny Panel (ISP) findings and recommendations. The key findings of the review can be summarised as being that:

- Whilst the ante-natal and post-natal services provided at the Vale of Leven and Inverclyde Community Maternity Units are well used, the birthing suites are underused.
- On average only one or two babies are born each week at each of the two units.
- When the units were set up it was envisaged that the Vale of Leven would have 180-211 births per year based on a caseload of 840; for the Inverclyde CMU it was envisaged there would be 205-240 births per annum based on a caseload of 960. In 2006 they each delivered just under 75 births. In 2007 this figure increased to 101 births at IRH and 88 at the Vale of Leven.
- 40% of the midwife staffing resource at each of the CMUs is used to provide the birthing service. This means that in 2006 the cost per birth at the two units was approximately £5,700. This was 3 times the cost per birth at the RAH which was £1,836. In 2007 the cost per birth reduced at all sites but the costs at IRH and the Vale remain nearly 3 times as much as at the RAH.
- Around 30% of mothers choose to give birth in their local CMU but, predominantly for health reasons, only 8% to 11% have been able to deliver there.
- Around 30% of women admitted to the CMUs are transferred to the RAH during labour.
- The financial saving to the NHS from providing a single midwifery led birthing service at the RAH would be approximately £500,000 per year.

Based on these findings, and following a review of options, the preferred option presented for public consultation was:

- To close the birthing service at the IRH and Vale CMUs and move to a single midwifery-led birthing unit at the RAH. All ante-natal and post-natal services currently provided at the CMUs would continue to be provided.

Views were also sought on the three other options considered during the review.

- Status quo:
- Retain local births at all units through an on-call shift pattern at VoL and IRH;
- Retain local births at all units through caseload management at VoL and IRH.

The driver for the proposed change to services was predominantly financial. There were no immediate clinical sustainability or safety concerns in relation to the community midwifery service, although it was acknowledged that the transfer rates during labour from IRH and VoL to RAH are significantly above the national average.

The consultation document also made reference to the options put forward by the ISP to consider for consultation as follows:

- Status quo:
- The status quo accompanied by positive publicity and monitoring of birth suite activity;
- Use of stand-alone CMUs for post-natal in-patient care, linked to, or independent of, Option 2;
- Transfer of birthing to RAH.

In line with the Independent Scrutiny Panel's conclusion that further public testing of choices made by women would be of value, an audit of women receiving care at the CMUs was carried out to ensure that we understand the reasons for their choice of delivery unit. This audit was undertaken during the consultation period. The key findings of this audit are summarised in section 5 of this paper.

### 3. The Consultation Process

The public consultation was launched on the 27<sup>th</sup> March 2008 and concluded on the 27<sup>th</sup> June 2008. It was initially scheduled to finish on the 19<sup>th</sup> June but was extended by 8 days to ensure that all interested parties were able to respond following the conclusion of the public meetings.

Consultation material was made available on the NHSGGC website. In addition, a user-friendly summary consultation leaflet was produced which was sent to a wide range of local stakeholders and community groups. Copies were also distributed to local GP surgeries, hospitals, libraries and health centres.

The consultation was advertised widely in the local press. This included advertisements in the Lennox Herald, the Dumbarton and Vale of Leven Reporter, the Helensburgh Advertiser and the Greenock Telegraph. In addition, news articles on the consultation appeared in the local press throughout the consultation period.

There were a range of events held during the consultation period. These took the format of formal public meetings and more informal drop-in sessions for local women and service users. These events and the number of people attending them are outlined in the table below:

<b>Date</b>	<b>Location</b>	<b>Type</b>	<b>Attendees</b>
1 <sup>st</sup> April	VoL Hospital CMU	Drop-in	5
1 <sup>st</sup> April	IRH CMU	Drop-in	6
2 <sup>nd</sup> April	Kidz World – Alexandria	Drop-in	10
4 <sup>th</sup> April	Fun World – Gourrock	Drop-in	2
7 <sup>th</sup> May	VoL Hospital CMU	Drop-in	3
7 <sup>th</sup> May	IRH CMU	Drop-in	8
21 <sup>st</sup> May	VoL Hospital CMU	Drop-in	3
21 <sup>st</sup> May	IRH CMU	Drop-in	9
4 <sup>th</sup> June	Dumbarton – Stadium	Public Meeting	90
10 <sup>th</sup> June	Greenock – James Watt College	Public Meeting	60
18 <sup>th</sup> June	Helensburgh – Town Hall	Public Meeting	24

#### 4. Consultation Feedback

Feedback received during consultation was forthcoming both verbally during the events described above and also formally in writing. There were a total of 72 responses received during the consultation period.

A detailed summary of the written responses received during the consultation period is included as Appendix 2 to this document. A summary of on-line responses is included as Appendix 3. Appendix 4 sets out a summary of the drop-in sessions and Appendix 5 a summary of the public meetings.

Responses were received from NHS Highland, Inverclyde Council, West Dunbartonshire Council, the Area Medical Committee, MSPs/MPs, 56 members of the public and four other organisations.

While the Area Medical Committee agreed with the main principles of the consultation proposals and had concerns about retaining the CMUs, they indicated in their response that they were concerned about the impact of further closures of in-patient services at the Vale of Leven. Their response went on to say that maintaining services at both CMUs for a further three years should be considered but must take into account the risks noted of transfers in labour.

Both local authorities strongly argued for the retention of the CMUs for three years, supported by a positive community education programme informed by a survey of evident attitudes.

NHS Highland commended the NHS Board for its engagement with local people through public meetings, the drop-in sessions and extending the consultation period. It also stated that there was a case for supporting and strengthening the availability of new technology and new birthing facilities in order to promote pregnancy and childbirth as normal events.

A number of common themes emerged from the feedback received both in writing and verbally at the consultation events and public meetings. These key themes are described below:

- A recurring theme was that the CMU service needed more time to be understood and developed. There has been growth in the number of births and bookings at the unit over the past year and if this growth were to continue the units could potentially reach a sustainable level. Part of the feedback on this point was that there is a lack of clarity or understanding about the CMUs amongst the general public, family members and even amongst GPs which lead to pressure to give birth in the consultant led unit at the RAH or in Glasgow. It was suggested that over time, and with increased marketing and publicity, understanding would increase and the number of users would also increase. This is an argument that was also put forward by the Independent Scrutiny Panel when they suggested that consideration should be given to sustaining the units for a further 3 years, accompanied by positive publicity.
- It was viewed as being important that there is the opportunity to give birth within the local community.
- It was frequently expressed that there is a willingness amongst women to give birth locally but the clinical protocols that are in place mean that in many cases they are not deemed suitable for a CMU birth.

## EMBARGOED UNTIL MEETING

- There was praise for the quality of service delivered at CMUs and many women spoke positively about their experience within the CMUs.
- There were concerns about the perceived economic impact that the removal of birthing services would have. This related to two aspects. First, a view was expressed that people would not be attracted to the local area (both Vale and Inverclyde) if there was no ability to give birth locally. It was also suggested that people who were starting families would leave the area if they were not able to give birth locally. These situations would both affect the economic regeneration of the communities. This issue was raised at all of the public meetings and also in the response from Inverclyde Council which described their aspirations for community regeneration and the partnership role of the NHS in helping to deliver on these aspirations as part of the Inverclyde Alliance. Secondly, there was concern about job losses.
- There were concerns expressed about transport and access to RAH both for expectant mothers and visitors.
- There were also concerns about the capacity available at the RAH. This related to capacity at the consultant led unit at the RAH but also future capacity within the midwife led unit at the RAH in the event that the IRH and Vale populations transferred there and more women chose to have less medicalised births in future.
- In both the Vale of Leven and Inverclyde there were concerns about losing services. It was suggested by members of the public that this was the first step either for downgrading of other maternity services or wider service cuts.
- There was a desire to see the return of Consultant led services to both the Vale of Leven and Inverclyde hospitals.
- The view was expressed that there would be increased demands for homebirths if the CMUs were to close and that this would still require considerable resource to be allocated to both communities.
- In Inverclyde there were also specific issues and concerns raised relating to the infant mortality rate.

A copy of the full responses to consultation will be available for Members at the NHS Board meeting. In addition to the feedback received to the formal consultation, there was also a petition signed by 4,300 people from the Inverclyde community and sent directly to the Cabinet Secretary for Health and Wellbeing. The title of the petition was:

“Petition against the closure of the CMU birthing suite at IRH and moving the entirety of all future births to RAH in Paisley”.

The full wording of the petition is as follows:

*“We, the undersigned, call for the Cabinet Secretary, Nicola Sturgeon to take great consideration into the needs of the people of Inverclyde in concern with the closure of the CMU Birthing Suite at Inverclyde Royal Hospital, the concerns of the Mums, Fathers, Grand-parents, Aunts, Uncles, Brothers and Sisters to be in Inverclyde are grave and should not be ignored when deliberating on this closure.”*

*“We strongly appeal to you to act now in favour of the CMU Birthing Suite at Inverclyde Royal Hospital and let it remain open, as we the people of Inverclyde would most definitely not benefit from the closure and the complete move to RAH would be to the detriment of both the future generation and the future economy of Inverclyde. We ask you not to close the IRH unit, but to allow some of the future generation of Inverclyde to be born in Inverclyde, to allow the Mums, Fathers, Grand-parents, Aunts, Uncles, Brothers and Sisters-to-be of Inverclyde to have hope as there are obvious dangers involved in the move and to support the move would be to support those obvious dangers.”*

## 5. Audit of Choice

### 5.1 General Response

During the consultation period an audit of women receiving ante-natal and post-natal care at the units was undertaken to determine the key factors that influenced the mother’s choice of where to give birth. The audit was undertaken via the use of a questionnaire which was developed with input from service users, distributed by midwives and returned by post to the clinical effectiveness team for collation and analysis. The key points are summarised below.

The total number of respondents to the questionnaires is shown in the table below:

<b>Local Site</b>	<b>Receiving Ante-natal Care</b>	<b>Receiving Post-natal Care</b>	<b>Total</b>
Inverclyde Royal	203	48	251
Royal Alexandra	41	104	145
Vale of Leven	135	78	213
Other	4	3	7
<b>Total</b>	<b>383</b>	<b>233</b>	<b>616</b>

A mix of women responded to the questionnaire with 46% undergoing their first pregnancy, 48% undergoing a subsequent pregnancy and 6% no response.

A key objective of the questionnaire was to understand the factors that influenced choice of birth location. The following table combines the feedback from the ante-natal (before birth) and post-natal (after birth) respondents and shows which factors were cited as important in the choice of where to give birth.

<b>Your choice was influenced by:</b>	<b>Ante</b>	<b>Post</b>	<b>Total</b>	<b>%</b>
Access to midwife led birth	96	104	200	32.5%
Access to local birth	107	87	194	31.5%
Distance to unit	72	58	130	21.1%
Access to an Obstetrician/Paediatrician	82	33	115	18.7%
Distance and transport for visitors	49	39	88	14.3%
Family and friends influence	55	16	71	11.5%
Access to an epidural	41	19	60	9.7%
Transfer during labour	14	22	36	5.8%
Safety concerns about the unit	22	12	34	5.5%
Other feedback	148	80	228	37.0%
Other: Previous c-section / high risk / medical	88	43	131	21.3%

Of the post-natal respondents approximately 33% were not able to give birth in their first choice unit on the basis of clinical need and / or medical advice.

Initial conclusions from these responses are that important considerations in choice are access to midwife led care, ability to give birth in the local area and concerns around distance both for the mother and for family and friends. The issue of potential transfer during labour or safety concerns about the units were not generally perceived as important considerations in the decision about where to give birth.

Analysis of the responses from the Inverclyde and Vale of Leven catchment areas has also been undertaken. 464 of the 616 responses to the questionnaires came from women in these areas. The key feedback from service users in these areas is described in the following points.

## **5.2 Vale of Leven and Inverclyde Audit Feedback**

### **5.2.1 Ante-natal Mothers**

- For the ante-natal mothers (323) who responded to the questionnaire 39% from Inverclyde and 33% from the Vale had chosen to birth in the local CMU. 37 IRH (19%) and 17 (13%) Vale mothers had chosen the CMU at the RAH. This suggests that the midwifery-led birth concept appeals to relatively large numbers of mothers who may in future choose the local CMU.
- For those ante-natal mothers that choose the local CMU, access to a local birth and access to midwife led services are the most important considerations. These are cited by between 60% and 80% of women from both areas.
- For those that do not choose the local CMU, access to a local birth was, understandably, not cited as a key consideration. The audit reinforces the intuitive feedback that a local birth would be preferred but that this preference is secondary to clinical need and consideration of other risk factors.
- Those mothers who cited the influence of family and friends as being an influencing factor in their decision had predominantly chosen a CMU birth. This is in contrast to some of the feedback received during the consultation events which suggested that peer pressure was inclined to encourage women to choose the perceived safety of the consultant led unit.

### 5.2.2 *Post Natal*

- Feedback from post-natal mothers attending clinics at the Vale of Leven and Inverclyde CMUs showed broadly similar factors influenced choice.
- Local birthing, access to midwife led birthing and distance to travel were the most important considerations for those who birthed in the local unit.
- For those who birthed in the Consultant Led Unit at the RAH these preferences were also cited as important but outweighed by access to a consultant and other clinical and medical risk factors.
- 65% of the IRH post-natal respondents suggested they would choose to have subsequent births in the local CMU. However, it is also worth noting that 56% of the Inverclyde Post-natal respondents had had their most recent birth in the IRH CMU – i.e. in comparison with the overall birthing population from the Inverclyde area the post natal respondents were skewed in favour of those that had given birth in the IRH CMU.
- Of the 78 women from the Vale of Leven post-natal cohort only 21 (27%) had given birth at the Vale of Leven CMU. This sample is therefore closer to the current profile of where women actually birth – although still skewed towards those who birth in the CMU. Of these 78 women, 44 (56%) suggested that they would prefer to have future births either at the Vale of Leven or at home, 15 would prefer other locations (RAH or Glasgow) and 19 women did not respond. This suggests a preference for local birthing which could potentially translate to increased future demand.

## 6. NHSGGC Response to Consultation

The recommendation to the Board of NHSGGC is that the birthing services at the Vale of Leven and Inverclyde Community Maternity Units are retained for the next 3 years during which steps will be taken to positively publicise the units (the detail as to what steps will be taken to do this is set out in section 7) in an attempt to increase births to a level of 21% - 25% of overall activity levels in a Consultant led unit. The explanation as to why this level of activity is proposed for a sustainable CMU is set out in Appendix 6.

This is a different recommendation from the preferred option that was presented for public consultation. The reasons for this recommendation are outlined in the following paragraphs.

The main driver for closing the birthing services at the IRH and the Vale of Leven was financial. There are no clinical sustainability concerns in relation to the community maternity units although it is acknowledged that the transfer rate to a Consultant led unit of women in labour or one hour of delivery is above the national average. Whilst financial considerations remain extremely important and we continue to work on achieving recurring financial balance in Clyde, it is possible that increased numbers of births locally will mean a decrease in the cost per birth at both units.

There are a number of reasons that suggest that the number of births locally may increase. Both sites had more births in 2007 than in 2006. There was an increase of approximately 25% at IRH and a 14% increase at the Vale of Leven. Activity has also increased during 2008. Numbers of women booking at both sites is also increasing.

The responses to the audit undertaken during the consultation period also highlight two important points: first, that local access to birth is an important consideration for large numbers of women when choosing where to book; secondly, that many women are currently choosing to birth locally and that even more would choose a local CMU birth in subsequent pregnancies. It may take time to see this trend emerge but this could increase the number of local births. Similar feedback was also received from service users during the consultation events.

Although the number of women booking at the Inverclyde and Vale of Leven Community Maternity Units is increasing, the number of births does not appear to be increasing by the levels it was previously thought possible. A rough approximation is that for every three women who book at the local CMU, one gives birth in the unit. This is because application of the national standards which apply to determining suitability for CMU birth mean that the remainder are unable to birth in the CMU for clinical or other risk reasons. The underlying health of the population – in particular in West Dunbartonshire and Inverclyde – is cited as a factor in determining that midwife birthing is not clinically appropriate.

In Scotland, 24% of pregnant women smoke. In Inverclyde the figure is 28% and in West Dunbartonshire the figure is 26%. This is the same as in Angus where greater numbers of women are able to birth in CMUs. In Argyll and Bute, part of whose population feed both the Vale and Inverclyde, the figure is 16.4%. Overall in Scotland between 2002 and 2004 the percentage of low birthweight babies (under 2500g) was 2.5%. In West Dunbartonshire the rate of low birthweight babies was 3.1% - i.e. 27% above the Scottish Average. In Inverclyde it is 2.6% and in Argyll and Bute it is 2.2%. In terms of comparison, Angus has 2% of babies born at low birth weight. Whilst these figures do suggest that the populations served by the Vale of Leven and Inverclyde CMUs face health challenges that are greater than the norm it is also the case that NHSGGC is investing significantly in health improvement and health promotion programmes in both of the community health partnerships (CHPs). The Health Needs Assessment undertaken in West Dunbartonshire in 2006/2007 has helped to determine the priority areas for action for the West Dunbartonshire CHP. We would anticipate seeing improvements in the health of the local population – including pregnant women – as a result of these programmes and this in turn may increase the numbers of women able to give birth in their local CMU.

In light of these actual and potential increases in demand another consideration is that if we were to remove the birthing facilities from the Vale and IRH CMUs at this stage it is difficult to envisage them being repatriated back to the hospitals in the short or medium term. It is therefore recommended that we retain the units for 3 years to allow us to determine whether a combination of currently increasing activity, greater local understanding and acceptance, increased demand from women to undertake subsequent pregnancies in the local CMU and potential improvements in underlying health status of the communities translates to increased numbers of births. Increased numbers of births would clearly make the services more cost effective.

In the context of increasing actual and potential demand for birthing services there are a number of other reasons why it is recommended that we sustain the birthing services at the Vale and IRH. Our partnership working with the local authorities seeks to both improve the health and well-being of the communities and support economic regeneration initiatives. It was suggested during the consultation period that successful regeneration will lead to increased numbers of people moving to the Inverclyde and Vale of Leven areas and that this, in turn, would potentially lead to increased demand for CMU births.

Providing clinically safe and sustainable services will continue be the key priority for NHSGGC. In relation to the Community Maternity Units there are no clinical reasons why services cannot be continued, although where women do need to be transferred during labour, clinical safety is and will continue to be of greatest importance. In assessing women's suitability for the CMUs, national (EGAMS) guidelines will continue to be used in assessing risk factors. Clinical audit will be important in ensuring safe sustainable services.

One of the points raised during consultation was that there should be a repatriation of Consultant Led Maternity Birthing services to the Inverclyde and Vale of Leven hospitals. When this point was raised during public meetings the officers of the Board did not seek to offer false hope describing that the repatriation of consultant led birthing services to either hospital was not a viable option for a number of reasons:

## EMBARGOED UNTIL MEETING

- The Inverclyde and Vale catchment populations (including the Argyll and Bute and North Ayrshire cohort) each generate approximately 1000 births or less each year.
- National clinical consensus is that it is not practical to provide full consultant led services for less than 3000 births each year. This was described in the Reference Report of the Scottish Expert Group on Acute Maternity Services (December 2002).
- The units would not receive training accreditation because there would not be enough activity to allow junior doctors to fulfil the competence based approach to training.
- There would be insufficient junior doctor cover available to staff the units.
- Whilst the repatriation of consultant led birthing services to the Inverclyde and Vale of Leven Hospitals is not a practical option it is recommended that midwife led birthing services are maintained at both hospitals. For the reasons described in this document it is possible that the number of births at both units will increase to more cost-effective levels over the next 3 years. This will support the regeneration initiatives of our local authority partners and provide women with the opportunity for birthing locally which the audit that was undertaken during the consultation period identified as an important consideration.

The levels of activity will be carefully monitored over the next three years and should activity levels not increase to the levels set out above then a further review will be undertaken driven by the continued need for the Board to ensure services represent the best use of public resources.

### **7. Communications Plan and Positive Publicity for Community Maternity Units**

As highlighted throughout this document, consultation and audit feedback suggested that there were three main reasons why mothers did not give birth in their local Community Maternity Unit.

- Clinical decisions as a result of the application of EGAMS guidelines;
- Concern about giving birth in an environment without on-site consultant staff;
- Lack of awareness of local service options.

Communications activity can make an impact on the second and third factors. This should not detract from the strenuous efforts made previously by midwives to try and overcome negative perceptions and lack of knowledge.

If the Board accepts the proposal to maintain CMU birthing suites for three years, it will be vital to assemble and implement a communications plan quickly to assist in a turnaround of birth levels. To this end, opinion will be sought from patient and staff representatives on the best means of shaping, targeting and delivering positive messages about the CMUs.

Communications and positive publicity will include:

#### Media relations

- Media releases highlighting the positive achievements of CMUs
- Editorial briefings
- Case studies – volunteer mothers speaking out about their experience

#### Community Engagement

- Displays at local venues likely to be used by potential service users
- Presentations to local community organisations including mothers' and toddlers' groups

Publications

- Feature in the September 2008 *Health News* with targeted distribution
- Special promotional webpages, including filmed testimonials from staff and service users.
- Leaflets to be distributed via midwives, GPs and other appropriate clinical staff.

Branding

- Consideration of local branding which may be more effective than the generic 'CMUs'.

'Proxy Marketing'

- GPs, midwives and others recruited to assist in supplying information and recommending use of CMU birthing facilities where it is appropriate to do so.

Service Users

- Volunteer mothers asked to relate positive experiences to ante-natal classes.

**8. Recommendation**

The Board is asked to:

- Note the outcome of the consultation process and the responses received.
- Support the continued provision, for the next 3 years, of midwife-led birthing services at the community midwifery units (CMUs) in Inverclyde (IRH), the Vale of Leven (VoL) and the Royal Alexandra Hospitals (RAH). During this period there will be a positive publicity campaign and birth suite activity will be monitored.

# Consultation on proposed changes to maternity services in Clyde



## MATERNITY SERVICES REVIEW

### 1. INTRODUCTION AND PURPOSE

During the past 18 months, NHS Greater Glasgow and Clyde has been working on a range of service strategies within the Clyde area. Among these has been a review of maternity services.

The review that has been undertaken has involved detailed consideration of a range of options for the provision of services at the Community Maternity Units (CMUs) at Inverclyde Royal Hospital (IRH) and the Vale of Leven Hospital.

The purpose of this paper is to give all interested stakeholders the opportunity to offer their views on the detailed information which it contains. The paper sets out why, after detailed review and appraisal of the four main options which are described, NHS Greater Glasgow and Clyde's preferred option is to close the delivery service components of the IRH and Vale CMUs and move to a single midwifery-led birthing unit at the Royal Alexandra Hospital in Paisley. In this proposal, all antenatal and postnatal services currently provided at the CMUs at Inverclyde Royal and Vale of Leven Hospitals will be retained.

The Vale of Leven and Inverclyde Royal CMUs would **remain open** and continue to provide essential local maternity services which account for the vast majority of current activity. Our proposal would affect around 150 women each year who currently give birth in the CMUs. Over 34,000 episodes of post and antenatal care would continue to be provided locally.

However, the paper recognises that there are alternative options and seeks views on these as well as on our preferred option.

The paper also provides the conclusions of the Independent Scrutiny Panel (ISP) in relation to maternity services and outlines the Board's response.

The consultation period will run for 12 weeks from the 27<sup>th</sup> March 2008 to the 19<sup>th</sup> June 2008. All feedback received during consultation will be considered by the Board of NHSGGC before any recommendation is made to the Cabinet Secretary for Health and Wellbeing. The Cabinet Secretary will make the final decision about any major service change.

To help in the submission of responses, we are offering some suggested questions which anyone responding to the consultation can use, if they wish. The questions invite comments on the Board's analysis and provide opportunity to challenge our proposal. They also ask for views on the full range of options which we have considered, and which are set out in this paper, and invite feedback on any other options that have not been considered.

The suggested questions which it may be helpful to consider are:

- Do you agree with our proposal that there should be a single midwifery birthing suite for Clyde based at the RAH?
- If you do not agree with our proposal, why is the case?
- Do you think the other options that we have examined would be a better alternative?
- For what reasons do you think this?
- What reasons or issues do you think the Board should consider that would strengthen the case for the option you prefer?

- Are there any other options you can suggest that have not previously been considered?

The paper includes the following sections:-

Section 2	Overview of Community Maternity Services	Pages 4-7
Section 3	Detailed Information on the review process, and analysis of activity	Pages 8-10
Section 4	Options for service delivery and Option appraisal process and outcomes	Page 11
Section 5	Staff issues	Page 12
Section 6	Public Engagement process	Pages 13-14
Section 7	Review by the Independent Scrutiny Panel	Pages 15-19
Section 8	NHS GGC Response to Independent Scrutiny Panel Report	Pages 20-23
Section 9	Consultation process	Pages 24-25
Appendix 1	Option Appraisal Documentation	Pages 26-31

## **2. OVERVIEW OF COMMUNITY MATERNITY SERVICE**

### **2.1 Introduction**

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 NHS Argyll and Clyde Health Board.

As part of these service reviews it undertook a review of maternity services in the Clyde area. The review 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.

### **2.2 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, providing the opportunity to give birth in natural surroundings, offering a less 'medicalised' birth and providing locally accessible midwifery care. Predictions of activity levels were estimated and were considered to be sufficient to support sustainable and affordable service delivery.

### **2.3 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 each 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 the midwifery staffing resource at the CMUs at the Vale and IRH is used to staff the birthing suite. However, only 12% of the expectant mothers from these areas labour within the CMUs (and only 9% deliver). 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 undertaken by the 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 rates from the Vale of Leven and the IRH are significantly above that average.

## **2.4 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. This is determined by their share of the 20% most deprived zones across the country. 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.

## **2.5 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.**

## **2.6 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. This evaluation is described in **Appendix 1.**

**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;
  - Complementary 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 preferred option 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. However, we are also seeking view on the alternative options.**

During the consultation period we will also be conducting an audit to ensure that we fully understand the choices that expectant mother's make. This was recommended by the Independent Scrutiny Panel and will be presented to the Board of NHSGGC along with the consultation feedback.

## 2.7 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.

<b>Impact - VoL</b>	<b>2006</b>	<b>Proposed Service</b>
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
<b>Total</b>	<b>14,357</b>	<b>14,283</b>

<b>Impact - IRH</b>	<b>2006</b>	<b>Proposed Service</b>
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
<b>Total</b>	<b>20,414</b>	<b>20,341</b>

## 2.8 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.

Given the relatively small numbers of births affected by the proposal we do not anticipate any significant impact on the consultant led units at either the RAH or in Glasgow. As described in section 3.6, there are currently approximately 64 intrapartum transfers from the Vale and Inverclyde to the RAH each year. These are predominantly undertaken by ambulance and will not require to be undertaken in future. Therefore we do not anticipate that there will be significantly increased workload for the Scottish Ambulance Service as a result of these changes.

### **3. DETAILED INFORMATION**

#### **3.1 Review Process**

The review:

- Examined the maternity service configuration within Glasgow and took account of any implications for services within Clyde;
- Detailed the current service and associated resources and sought to 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.

#### **3.2 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.

### 3.3 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

### 3.4 Rollover Budget 2006/07

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

### 3.5 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.

### 3.6 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 <sup>nd</sup> 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 <sup>nd</sup> 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 undertaken by the 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.

#### 4. OPTIONS FOR SERVICE DELIVERY

- 4.1 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.
- 4.2 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.
- 4.3 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
  - Complementary Therapy
  - Smoking Cessation
  - Home Births
- 4.4 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

Appendix 1 of this paper describes the service models associated with each of these options in detail. All four options retain all essential local service provision. These options were then subject to a detailed option appraisal exercise. The option appraisal process and its conclusions are also outlined in 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.

## 5. **STAFF ISSUES**

- 5.1 If a final decision is made to implement the proposal outlined in this document there will be an impact on our staff. Our commitment is to ensure that all affected staff would have redeployment opportunities which could meet their aspirations and best utilise their skills.
- 5.2 Throughout any implementation of the proposed change work will continue with staff and their representatives to manage the impact of the change. This would be done within the context of the national and local organisational change policies.
- 5.3 Staff directly affected by the changes proposed, in addition to meetings with the trade unions, would have one to one meetings / individual redeployment interviews. NHS Greater Glasgow and Clyde has a successful track record in redeploying staff taking into account each individual's skills and personal circumstances. Redeployment would be the first consideration with the aim of securing alternative employment for displaced staff as a result of service change.
- 5.4 Deployment could potentially be to a post at a lower grade and in these circumstances protection of earnings will apply. Any redeployment would also be supported by a training and development plan, which would include induction and orientation programmes, and retraining and skills updating where necessary.

## 6. **PUBLIC ENGAGEMENT**

- 6.1 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.
- 6.2 Following this strategy a further three community engagement events were held.
- 6.3 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.
- 6.4 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.
- 6.5 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.
- 6.6 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.

#### 6.7 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'.

#### 6.8 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.

## 7. REVIEW BY THE INDEPENDENT SCRUTINY PANEL

7.1 The Independent Scrutiny process ran from September 2007 to November 2007. The full report of the Independent Scrutiny Panel (ISP) is available as part of the suite of consultation documents on the NHSGGC website. The process of Independent Scrutiny was established by the Cabinet Secretary for Health and Wellbeing. The aim is to improve public confidence in, and the transparency of, the decision making of NHS Boards. The ISP report describes the role of the panel as: "Effectively the role of the Panel was to test the processes behind NHS Greater Glasgow and Clyde's proposals for major service change, challenge the quality of the thinking and of the development process behind the Board's proposals, and to come forward with a series of comments intended to help ensure that the eventual public consultation is based on openness, thoroughness and inclusiveness."

7.2 This section of the consultation document is a full extract of the section of the Independent Scrutiny Panel report that related to the provision maternity services.

### 7.3 *Maternity Services*

*In 2003, NHS Argyll and Clyde replaced Consultant-led delivery services at both Inverclyde Royal Hospital (IRH) and the VoL Hospital (VoL) with new midwife-led community maternity units (CMU), and co-located a third CMU with the existing Consultant-led units (CLUs) at the RAH (RAH). All of these units offer a wide range of local maternity services, antenatal and postnatal care, including a 24-hour midwife led birthing suite for "low-risk" births (expectant mothers who are healthy and meet the criteria for a midwife-assisted birth as distinct from a Consultant-led one). For a period of eighteen months, following the loss of the consultant-led units, and prior to the opening of the CMUs at both hospitals, neither hospital provided birthing facilities for local mothers.*

*In April 2006, when Clyde services were amalgamated with those of Greater Glasgow, NHS Greater Glasgow and Clyde initiated a review of maternity services across Clyde. Later that year, the Clyde Maternity Services Review Reference Group was established, one aim of which was to identify a contribution to the large budgetary deficit inherited from the former NHS Argyll and Clyde. The birthing suites at the CMUs at VoL and IRH were being significantly under-utilised, resulting in costs per birth at VoL and IRH close to three times the cost of a birth at RAH (IRH £5,696 per birth, VoL £5,753 and RAH £1,836).*

*Suggestions for service change were aired at public engagement events in Greenock and Alexandria at which there were 10 and 40 attendees respectively.*

*Following an initial option appraisal exercise, there were further public engagement events, when four possible options for maternity facilities at VoL and IRH were discussed. Attendance at the events was poor, with a total of three women attending two events held on 30th May 2007 in Alexandria and "around 20" women attending at Inverclyde. From an initial long-list of 12 options originally considered by Health Board staff, the four short-listed options were as follows:*

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 midwife-led delivery service for Clyde, sited at RAH.

*The appraisal of the four options selected by Board staff as being potentially viable was conducted broadly according to best practice, with weighting and scoring against a set of explicit criteria.*

*The preferred option contained in the strategic paper put to the NHS Greater Glasgow and Clyde Board on 26th June 2007 was for the closure of the delivery elements of the CMUs at IRH and VoL with women from these areas retaining the choice to access Consultant or midwife led services at the RAH or the maternity units in Glasgow.*

*A strong financial case has been made for this preferred option. The cost of the Clyde wide maternity service would be reduced from just over £4 million per annum to approximately £3.5 million per annum by closure of these two CMUs.*

*A further justification for closure could be made on the basis that women preferred to have their babies in units with ready access to a Consultant, rather than use the CMUs. At VoL, it was anticipated that between 179 and 210 births would take place at the CMU, based on a caseload of 844 i.e. between 21 and 25%. However, in 2006, there were only 74 births, representing less than 10% of the original caseload. The picture is similar at IRH. There is a huge loss of potential CMU births at the point of risk assessment, with only between 30 and 40% of pregnant women being judged to be sufficiently free of risk factors to have the CMU birth. Despite the need to satisfy safety criteria before being booked at a CMU, in 2006 some 30% of women had to be transferred by ambulance to a Consultant-led unit in labour, or within 1 hour of delivery.*

*This contrasts with a Scottish rate of 17% in 2005.*

*91% of local women whose pregnancy is judged to be clinically safe exercise their choice to use facilities other than the birthing suites at VoL and IRH.*

*The Expert Group on Acute Maternity Services (EGAMS) selection criteria appear to be applied slightly differently in each Clyde CMU. In IRH, they are interpreted rigidly, justified by concerns over transfer distance. RAH shows greater flexibility due to the proximity to the CLU and anaesthetic cover. At VoL, there is an opinion that the EGAMS criteria require review, such as that relating to Strep.B positive mothers. The VoL CMU puts much more emphasis on the approach and philosophy of the intra-partum care being given, of which the midwives are very proud. There has been significant public concern over the prospect of the closure of the birthing suites in the CMUs at VoL and IRH, most notably in West Dunbartonshire where there have been large, well organised public demonstrations. At the public meetings held by the Panel in Greenock and Dumbarton, concerns were expressed by members of the public and by local practicing midwives. These included: criticism of the loss of choice to have a baby within one's local community; the difficulties for family and friends to visit a mother in Paisley*

*(especially for Dumbarton residents who would have to cross the Erskine Bridge); the possibly over-stringent safety criteria for CMU bookings; and the view that the CMUs had never been positively promoted by the Health Board, nor given adequate time in which to earn the confidence of local mothers.*

*Neither of the stand-alone CMUs accepts post-natal transfers back from Paisley or Glasgow after operative or assisted vaginal deliveries. Such a model would allow women to be cared for closer to home, but does raise many issues regarding transfer and possible pressure on the ambulance service. It is noted that in both Tayside and Grampian, CMUs accept post-natal women.*

*It has been put to the Panel that the current rate of births at the free-standing CMUs creates the risk of midwives becoming de-skilled through lack of practise. It should not be beyond the capacity of NHS Greater Glasgow and Clyde to find ways of managing that risk.*

*It appears to the Panel that the case is essentially economic, with the current cost per birth at the peripheral CMUs being considerably greater than those at Paisley, created as a direct consequence of having staff and facilities unused much of the time. The extent of the underutilisation of the CMUs in Greenock and VoL provoked much discussion within the Panel. We originally wondered whether mothers were being put off the midwife units by comments they heard during the referral process, possibly from their general practitioner. Enquiries did not support this suspicion; all mothers being referred from within the catchment area are initially seen by a midwife. There is no clear evidence as to why 91% of mothers who are eligible for a CMU birth choose to go elsewhere. At a public meeting in 2007, NHS Greater Glasgow and Clyde undertook to investigate the situation and determine the reasons for the low uptake of CMU birthing.*

*The Panel saw no evidence of this investigation, and suggested to the Board that a targeted, anonymous, questionnaire survey should be carried out in order to understand mothers' attitudes. During the course of the Panel's deliberations, the Board conducted a snapshot survey, over 8 days, of the reasons mothers chose not to give birth in a local CMU. The Panel feels that such a survey should be carried out over a much longer period of two or three years.*

*The midwife-led CMUs were created some four years ago and it appears to the Panel that little has been done either by NHS Argyll and Clyde or NHS Greater Glasgow and Clyde to publicise the benefits of such units, and specifically to get the message across to expectant mothers.*

*The Health Board accepts that when the CMUs were being designed in 2002/2003, it was acknowledged that an appreciable period would be required before the new model became embedded in the local cultures and until anything approaching the projected CMU birth rates would be achieved. This was estimated at between 5-10 years. The Panel was concerned that this prediction does not appear to have been contained in any papers presented to the Health Board, nor is it apparent in the paper describing the basis for consultation.*

*It is the experience of CMUs elsewhere, for example in Perth and Kinross, that it takes several years, at least five, for confidence to be felt in the prospect of*

*having a baby without ready access to a Consultant. It seems to the Panel that it is possible that, given high profile, positive, publicity the very slowly increasing usage of the CMUs could be accelerated. Greater usage would reduce the cost per birth and would diminish the economic argument against sustaining the units.*

*The report commissioned by NHS Quality Improvement Scotland, published in February 2007 "Audit of Care Providers and Outcomes Achieved by Community Maternity Units in Scotland, 2005" recommended that national and local eligibility criteria for interpartum care within CMUs should be reviewed and simplified. A powerful factor which diverts women away from midwife-led CMUs is the stringency of the assessment process for risk. The Panel understands that there is an intention to review and possibly amend the EGAMS scale, and obviously any review of the criteria with a full, unbiased, explanation to mothers, might result in an increase in CMU bookings and deliveries.*

*The review and working groups responsible for generating and evaluating the options are to be commended for conducting a structured, quantified option appraisal. However, it was not clear to the Panel the extent to which the views of mothers, and of the general public, influenced the weighting and scoring, especially of benefit factors such as maximising choice for mothers, accessibility for families, and continuity of pre-, intra-, and post-natal care. The Panel also felt unclear as to whether the costs of increasing the maternity service at RAH had been fully and clearly accounted for in the preferred option.*

*The Panel heard strong views that the closure of the midwife-led birthing suites at the CMUs in VoL and Greenock would represent a cost-saving exercise necessitated by the pressure for the repayment of the debt inherited from NHS Argyll and Clyde. Powerful and coherent arguments were put forward by local practising midwives, and from the general public, to the effect that the loss of these facilities could not be justified simply on cost alone. Interestingly, midwives at the CMU at RAH said they considered it would take 5-10 years to change the local culture of birthing, and also that they considered the closure of the birthing units at IRH and VoL as "a disaster"*

*It was put to the Panel at one of its site visits that local practising midwives had not been consulted on the options being developed. Specifically, there had been no opportunity or midwives to argue for the inclusion of a post-natal care role for CMUs in IRH and VOL.*

*Opinions expressed to the Panel from the National Childbirth Trust and the Royal College of Midwives are strongly in favour of birthing at CMUs. The Royal College observes that "it has already been established that the review (of Clyde maternity services) is on the basis of Clyde's financial saving plan and not about service delivery or safety". The College also refers to the current review of the eligibility criteria for CMU admission, some of which will be taken forward under the Keeping Childbirth Natural and Dynamic Project (KCNDP). In addition to expressing positive views about CMUs in general, the National Childbirth Trust feels that the information offered in the Health Board's summary of proposals is not comprehensive enough upon which to base a decision.*

*The QIS report referred to above acknowledges the enormous contribution to maternity care in Scotland by CMUs. A recommendation is that the contribution could be increased by further extending the core skills of midwives to include greater involvement in ultrasound scanning, prescribing, and routine examination of the newborn.*

*Tele-health technology should be used to support midwives in these extended areas.*

#### **KEY POINTS**

*The crucial question of why mothers choose not to use the CMUs in Alexandria and Greenock remains unanswered. The Panel suggests that a prospective postal questionnaire of mothers should be undertaken over a longer period to clarify the reasons for failure to choose a CMU rather than a Consultant-led unit.*

*The Panel feels that an additional option should be developed by the Board and presented for consultation. This would be to run the CMUs for, say, a further three year period, accompanied by a positive community education programme informed by a survey of women's attitudes.*

*The possible further option of using the stand-alone CMUs for post-natal inpatient care should also be developed, with the involvement of local midwives, and presented for consultation.*

*In addition to positive publicity, a review of risk criteria might increase usage and reduce the costs per case.*

*While it was good to see a conventional, quantified, option appraisal of the CMU proposals, the Panel felt that the Board should demonstrate the extent to which the public were involved in determining the options for appraisal and how their views influenced the weighting and scoring, particularly on factors such as choice, accessibility, and continuity of care.*

*If intra-partum care is to be withdrawn from the stand-alone CMUs, a review of the workforce and possible associated costs should be conducted, and this information should be fed into the option appraisal.*

*Options to consider for consultation are:*

- 1. Status Quo*
- 2. The status quo accompanied by positive publicity and monitoring of birth suite activity*
- 3. Use of stand-alone CMUs for post-natal in-patient care, linked to, or independent of, Option 2*
- 4. Transfer of birthing to RAH*

End of Independent Scrutiny Report

## 8. NHS GREATER GLASGOW AND CLYDE'S RESPONSE TO THE INDEPENDENT SCRUTINY PANEL REPORT.

In a number of respects the Panel endorsed the process which has developed our proposal to cease the delivery services within the CMUs, notably:

- the strength of the financial case for our preferred option;
- the quality of the option appraisal;
- the under-utilisation of staff and facilities.

8.1 However the panel also comment on our public engagement process, recommend that we consult on an option to retain the delivery services for a number of years, revise the risk criteria for CMU delivery and suggest that we consider providing post natal care within the CMUs.

8.2 The response of NHSGGC to these aspects of the Panel's conclusions is described below.

### Public Engagement

The Panel suggests that more could have been done to increase the level of public engagement and involvement in the option appraisal process. Substantial efforts were made to achieve public engagement in this process and to ensure a patient perspective influenced the option appraisal. The rest of this section outlines the detail of those processes.

A total of seven community engagement meetings were held for the Clyde Maternity Review. These facilitated user involvement in all stages of the review.

The first event, a public meeting held at the David Lloyd Centre in Paisley on 9<sup>th</sup> January 2007, was attended by a number of individual users and representatives of voluntary organisations that acted for women's interests. This group met to discuss and agree a strategy for the further community engagement with users. It agreed that community engagement 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 would aim to provide an opportunity for women to discuss the review with key health professionals. NHSGGC made a commitment to provide childcare, expenses for travel etc and child-friendly venues.

A second public meeting was held with the then Provost of Inverclyde, an Inverclyde councillor and a representative of the Scottish Health Council that evening at the David Lloyd Centre. This meeting endorsed the community engagement strategy.

Following agreement of the community engagement strategy 3 meetings were held. These were:

- Fun World, Greenock, Wednesday 28<sup>th</sup> February, 9.30 am - 12.30 pm;
- Kidzworld, Alexandria, Wednesday 7<sup>th</sup> March, 11.00 am - 3.00 pm;
- Community Maternity Unit, Alexandria, Tuesday 13<sup>th</sup> March 2007, 7.00 pm.

There was extensive publicity for the meetings. The CMUs, West Dunbartonshire Community Health Partnership and the Inverclyde Community Care Forum all promoted the events. Colourful posters were placed in GP surgeries, chemists, baby shops, post offices and local community venues. In Inverclyde 100 posters were distributed. In addition a school bag drop to nursery and primary school pupils was undertaken in Inverclyde. This sent out 7,000 notices for the meetings.

Despite this the numbers attending were low. In total, 10 women attended the Greenock event, 30 the daytime event in Alexandria and 8 the evening session. All were recent and/or current users of maternity services. Some were accompanied by friends, partners and some by their mothers. One woman went on to join the Review Steering Group and continued to provide user input into the review process.

At the conclusion of the three meetings the findings were written up and this report was integrated with the other sources of data used in the review.

A summary of the feedback from women was produced in a newsletter. This newsletter was distributed via the West Dunbartonshire Community Health Partnership and the Inverclyde Community Care Forum. The newsletter contained an invitation to those who had not yet participated in the review to get in touch and either write to or meet with a representative of the Board.

There were two ways in which users were engaged in the option appraisal.

First, two individual users participated in the option appraisal alongside staff, staff side representatives, finance and senior managers. In addition a Community Engagement Manager attended the option appraisal with a remit to represent the views expressed during the engagement meetings in the process.

Second, three public meetings were held to discuss the four options under consideration with maternity users. These were:

- Community Maternity Unit, Alexandria: Wednesday 30<sup>th</sup> May 2007, 4.00 pm;
- Community Maternity Unit, Alexandria: Wednesday 30<sup>th</sup> May 2007, 7.00 pm;
- Inverclyde Community Care Forum, Thursday 31<sup>st</sup> May, 11.00 am.

Invitations to these meetings were sent to all the participants in the first round of meetings and the CMUs also promoted them among their users. The numbers attending were again low. Two women attended the Alexandria meeting while around 20 came to Inverclyde.

Again the findings were produced in a report and this was considered by the Review Steering Group. The findings from the community engagement events were included in the final report and recommendations.

### Continuing the Current Service

The Panel concludes that the question of why mothers choose not to deliver in the CMUs is largely unanswered and that we should revise our risk criteria and formally consult on an option to run the delivery facility for a further three

years. There are a number of points that is important to make in relation to this:

- The EGAMS risk criteria were established by a group of national experts and we do not consider them to be over stringent. We also do not consider it appropriate that these should be relaxed in order to offer the potential to increase numbers delivering in the CMUs. The two CMUs delivery services already have excessively high levels of transfers in labour. This would indicate that risk criteria should be tightened rather than relaxed;
- there are two clear answers to the question of women's decisions on the CMU delivery service usage;
  - a large number of women in both areas require to be delivered in a consultant unit for clinical safety with deprivation a major driver of contra-indications to CMU delivery;
  - many women choose to access a midwifery led service at the RAH with the advantage of access to full consultant led obstetric and anaesthetic care if they require it.

#### Promoting the Service

After considering the potential for increased promotion of the service leading to more women choosing to give birth in the CMU facilities we do not think there is anything we can do to significantly improve this. The reason for this is that all local women are currently booked by midwives in the CMUs and the vast majority receive all of their antenatal care in the Units. Women are exercising a clear choice to book births at the RAH during discussions with local CMU staff. We therefore do not consider that it is a lack of awareness of the facility that is the decisive factor.

#### Postnatal Inpatient Care in CMUs

The Panel suggested that we should put to public consultation an option to provide postnatal care in the CMUs. Having considered this suggestion in detail we do not believe that this would represent a viable option. There are a number of reasons for this conclusion. Firstly, the overwhelming majority of women have very short lengths of stay following delivery which means it would not enhance the service they receive to transfer them between hospitals. Another reason is that, as described by the Panel, this suggestion raises a number of issues regarding transfer and possible pressures on ambulance services. We had considered this model when we were developing the short list of options for appraisal and our further consideration reinforced our initial conclusion, i.e. that postnatal transfer is not an appropriate proposition. The Units used by the panel as examples both provide delivery services rather than stand-alone post natal care.

Our review of the ISP report did not lead us to change our preferred option because:

- There is no persuasive evidence that a further three years of delivery services in CMUs will impact significantly on throughput and reduce the unit cost to an acceptable level.
- There is no basis, therefore, to forego the potential to secure £1.5 million savings over that three-year period.
- Asking 150 patients per annum to make a single journey to the RAH for a hospital stay of less than 48 hours is not a significant service change - nor in the context of the vast majority of activity remaining in the CMUs - a centralisation of service.

However, we are consulting on the range of alternative options as described elsewhere in this paper.

#### Audit of Parental Choice

The Panel also suggested that we undertake further public testing of the choices made by mothers.

We agree with the Panel that an audit of mothers choices would offer value and we will undertake such a study during the consultation period. This will be reported to the Board with the outcome of consultation. Because the Board paper is a publicly available document the outcomes of the further testing on choice will be publicly available.

## 9. THE CONSULTATION PROCESS

- 9.1 The section describes our approach to formal consultation. This builds on the extensive programme of public and community engagement, which has shaped this review.
- 9.2 The consultation period runs from 27<sup>th</sup> March 2008 and will last until 19<sup>th</sup> June 2008 – a total of twelve weeks. We will carefully consider all the feedback we receive during the consultation period. Summaries will be presented to members of the NHS Board. The comments received will inform Board Members as decide on a final set of proposals. These proposals will then be forwarded to the Cabinet Secretary for Health and Wellbeing for a final decision.
- 9.4 This consultation document, coupled with the other material available as part of the consultation process, provides detailed information describing why we believe that the option to close the birthing suites at Inverclyde Royal and Vale of Leven Hospitals and have a single midwifery-led birthing suite for Clyde, situated at RAH is a sound option based on best use of valuable resources. This information, combined with the engagement events and meetings, is intended to ensure that by the end of the public consultation process stakeholders have a clear understanding of why this proposal is being put forward, the opportunity to challenge it, and to comment on other options.
- 9.5 A consultation summary leaflet will be produced which will take full advantage of design format and language to ensure it is accessible and as clear as possible. This will be widely distributed via the Involving People and CHP databases and to local facilities including GP Surgeries.
- 9.6 Alternative Languages and Formats
- The consultation leaflet will carry references in other languages to highlight that the information is available in different languages and formats including large-print and audio cassette
- 9.7 Any view that is put forward during consultation will be taken account of and reported in the analysis of responses. However, we believe it would be useful if you could address the following key issues:
- **Do you agree with our proposal that there should be a single midwifery birthing suite for Clyde based at the RAH?**
  - **If you do not agree with our proposal, why is the case?**
  - **Do you think the other options that we have examined would be a better alternative?**
  - **For what reasons do you think this?**
  - **What reasons or issues do you think the Board should consider that would strengthen the case for the option you prefer?**

- **Are there any other options you can suggest that have not previously been considered?**

9.8 There will be a number of ways you can make your views known:

9.9 One-to-one Meetings and Briefings for Individual Stakeholders will be held as required and will include key groups and elected representatives. During the public consultation period local staff will organise a number of events and drop-in sessions across Clyde specifically aimed at service users. These will be held in the CMUs and at facilities used by women who may be affected by the proposed change. These will be publicised locally and women who attended previous community engagement events will also be invited to participate.

Staff meetings and briefings will also be organised and staff will be notified of these directly.

If you wish to attend a public meeting based on workshop discussions about these proposals, please let us know by calling 0800 027 7246. We are flexible as to the date, time and format of such an event and will base the arrangements according to the level of demand and type of requests we receive.

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

9.11 You can also **post your consultation submission** to us care of:

John Hamilton  
Head of Board Administration  
NHS Greater Glasgow and Clyde  
350 St Vincent Street  
Glasgow  
G3 8YZ

Or you can email your submissions to

[clydematernity@nhsggc.org.uk](mailto:clydematernity@nhsggc.org.uk)

**All submissions must reach us no later than 19<sup>th</sup> June 2008.**

9.12 We will ensure that copies of our **summary leaflet** are distributed widely in the Inverclyde and Vale of Leven catchment areas, including GP surgeries and hospital waiting areas. Press releases will be tailored to suit local media requirements.

9.13 What happens after consultation

We will carefully consider all the feedback we receive during the consultation period. Summaries will be presented to members of the NHS Board. The comments received will inform Board Members as they decide on a final set of proposals. These proposals will then be forwarded to the Cabinet Secretary for Health and Wellbeing for a final decision.

## OPTION APPRAISAL

An option appraisal process was carried out on 23<sup>rd</sup> 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.

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

### Service 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.

**If you would like this document in Braille or audio-tape format, please contact:**

**If you would like this document in another language, please contact:**

**Ma tha sibh ag iarraidh an fhiosrachaidh seo ann an cànan eile, cuiribh fios gu:**

**如果您需要该信息的其它语言版本，请联系：**

**اگر این اطلاعات را به زبانی دیگر میخواهید لطفاً با این آدرس تماس بگیرید:**

**إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:**

**ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:**

**اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:**

**Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:**

**Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:**

0141 201 4915  
perl@ggc.scot.nhs.uk

**NHS GREATER GLASGOW AND CLYDE**

**Written Responses Received to the  
Consultation Document:  
“Proposed Changes to Maternity Services in Clyde”**

**NHS Boards**

- NHS Highland

**Professional Advisory Committees**

- NHSGG&C Area Medical Committee

**Local Authorities and Community Councils**

- Inverclyde Council
- Councillor Gerry Dorrian
- Councillor Chris Osborne (on behalf of Inverclyde SNP)
- Gourrock Community Council
- Inverkip and Wemyss Bay Community Council
- West Dunbartonshire Council

**MSPs/MPs**

- Ross Finnie MSP
- Stuart McMillan MSP
- Alan Reid MP
- Bill Wilson MSP

**General Public**

- Tracey Baird
- Alastair Begg
- Anne Brough
- Mary Bruce
- Barbara Bryson
- Linda Carroll
- Mrs J Casella
- James Dick
- John Docherty
- Kathleen Downey
- Anne Duffy
- Alison Duncan
- Carine Hendry
- Catherine Hookey
- Simon Hutton
- Alex Imrie
- Jacqueline Inglis
- Anne Lang
- Norma Lapsley
- Vicki Lapsley
- Rhona Macvicar
- Mrs B McCaughey

- Peter McGhee BCLD
- Gerard McHugh
- Angela McIndewar
- Donna McMenamie
- Lorraine McQuikin
- Elena Monaghan
- Angela Munn
- Alison Munro
- Myra Potter
- Georgina Pryce
- Leigh Richardson
- Elizabeth Robertson
- Patsy Robertson
- Nathan Scoular
- Mrs E Simpson
- Clare Smith
- Pamela Stewart
- Maureen Williams

#### **General Public On-line Responses**

- Ann Billimore
- Marisa Brady
- Siobhan Donaldson
- Kimberley Dunlop
- Patricia Dyer
- Lorna Farquharson
- Hazel Greig
- Robert Hurrell
- Nicola Keith
- Ann Kerr
- Frances McCartney
- Paul McDonald
- Elaine McKendrick
- Ellen O'Hare
- Myra Potter
- Lesleyann Steele

#### **Other Organisations**

- Aileymill Nursery School
- Greenock Chamber of Commerce
- Inverclyde Hospital Forum
- Scottish Federation of University Women, Inverclyde & District

# **Summary of the Comments Received during the Consultation on the Future of Maternity Services in the Clyde Area of NHS Greater Glasgow and Clyde**

## **NHS Boards**

### **NHS Highland**

- A number of sources within the Argyll and Bute Community Health Partnership and the Board's clinical advisory structure have informed this response.
- It is acknowledged that the NHS Board has to address the financial deficit associated with Clyde services: however, a number of concerns have been heard at the potential impact of the proposed changes on women and families in the area served by the Vale of Leven Hospital

Recognition that there is relatively low use of the birthing facility at the Vale of Leven and while the majority of women from Argyll and Bute choose to have their births in one of the main obstetric units Glasgow, there is a valid case for supporting and strengthening the availability of low technology, low birthing facilities in order to promote pregnancy and childbirth as normal events.

- Community Maternity Units (CMUs) operate with low numbers of births on site and provide local women and families with an important element of choice and allow midwives to practice and provide a broad spectrum of maternity care (NHS Highland has significant experience in operating small CMUs).
- The development of local midwife-led services is an evolutionary process – it takes time, confidence and experience of the different model for support for that model to become embedded in the local care matrix.
- Home births should be actively promoted for women who meet the necessary criteria and information on how the provision and support for home births should be promoted to women would be appreciated.
- Assurance is sought that early pregnancy assessment clinics, ultrasound scanning, day-care, antenatal and post-natal clinics and domiciliary care will continue at Inverclyde Royal and the Vale of Leven Hospitals.
- Clinical community concerned that proposals under Option 4 may lead to an increase in births before arrival at hospital and in unplanned home births – the distance from Paisley is a significant issue of concern to families living in the areas of Argyll and Bute CHP.
- Local communities have broader and deep concerns about the longer term future of the Vale of Leven Hospital and we would wish to work with the NHS Board to arrive at a broad vision for the sustainable future of the Vale of Leven Hospital.
- Consideration needs to be given to the impact to the services being transferred to either Paisley or Glasgow. NHS Highland will work with community planning partners to try and address this through the regional transport strategies and the local transport strategy.
- Assurance is sought that the ambulance resources would be able to cope with emergency transfer from those areas affected by the proposals – namely, Helensburgh, Lomond, Cowal and Bute.

- Transport highlighted as an important issue – therefore assurance sought that steps will be taken to resolve these issues in partnership with the key stakeholders, including patients.
- It is acknowledged that the NHS Board has tried to be transparent with patients and the public on the proposed changes – including drop-in sessions arranged for women and service users at the two CMUs and also the request to hold a public meeting in Helensburgh and extending the deadline for responses as a result of that.
- Assurance is sought that there was adequate representation from Argyll and Bute and Lomond in public engagement and involvement in the option appraisal process and also issues raised in the various public forums will be taken into account in reaching any decision.
- Concerns at the potential diminution of the CMU service for women and their families; preference for the retention of local births; explicit assurance around the likely future of the Vale of Leven Hospital is important and the proposed investment at the hospital progresses as soon as possible to generate public confidence.

## **Professional and Advisory Committees**

### **Area Medical Committee**

- Agrees with the main principles and notes that 30% of women booked for CMUs were being transferred to Maternity Units.
- Public events have been poorly attended therefore difficult to draw conclusions as to the strength of local feelings – important to audit patient choice and make this information available as soon as possible.
- Serious concerns regarding Option 1 – data on transfer of patients during labour from CMU to Maternity Units is of significant concern – transfers being high risk to both the mother and the baby. The 30% of CMU patients being transferred is significantly above the national average and this alone would make continuation of the current practice unacceptable on clinical grounds. It would be difficult to increase numbers of deliveries at CMUs without addressing the single issue of safety for women in labour.
- Option 2 – on-call patterns would be unlikely to address the concerns raised above.
- Option 3 – again, concerns on the clinical safety of such a model and see comments above.
- Option 4 – most likely to provide the safest level of care with fewest risks for patients in labour whilst maintaining local ante-natal and post-natal services. Concerns, however, at the impact of further closures of in-patient services at the Vale of Leven Hospital.
- Maintaining services in both CMUs for a further three years should be considered but must take into account the risk noted of transfer in labour.

## **Local Authorities and Community Councils**

### **Inverclyde Council**

- Council's view has been informed by undertaking focus groups from representatives of the community of Inverclyde; focus groups undertaken in all local nursery schools and nursery classes; and the Convenor of Health and Social Care attending public consultations and speaking with residents of Inverclyde. Council notes the high demand for ante-natal and post-natal services at the CMU in Inverclyde and recognises that the birthing suite at Inverclyde Royal is under-used.

- Concerned about the proposal to transfer the birthing suite service to Paisley; the Council rejects the notion of a single birthing suite for Clyde based at the Royal Alexandra Hospital.
- The Council is committed to the regeneration of Inverclyde and a local birthing unit is part of that regeneration; the NHS Board are part of the Inverclyde Alliance and therefore are responsible as Inverclyde Council to community planning and consequently to the regeneration of Inverclyde.
- The NHS Board should re-build and regenerate the service so that the percentage of births to caseload is significantly improved. A prospective postal questionnaire of mothers should be undertaken over a longer period of time to clarify the reasons for failure to choose Inverclyde and the CMUs should continue for a further 3-year period supported by a positive community education programme informed by a survey of women's attitudes.
- Suggest that the status quo is an option and should be accompanied by a positive publicity and monitoring of birth rate activity.
- There needs to be answers to questions of why the rate of infant mortality is increasing within Inverclyde; the Director of Public Health advised that the peri-natal mortality rate should not be related to the provision of a local CMU as women with risk factors are already being delivered at a Consultant-led unit.
- Members have expressed concern about the risk of travelling more than 12 miles to receive maternity services. Concern expressed at the perceived subtle erosion of health services within Inverclyde and seeks assurance that this is not happening by either design or accident?

#### **Councillor Gerry Dorrian**

- Choice is important; journey time to Paisley is prohibitive and public transport links leave a lot to be desired.
- Encourage people to use the facility at Inverclyde and staff training at Inverclyde is suffering because of the number of people using the facility. Staff have already demonstrated that they can refer problems to the Royal Alexandra Hospital, if required.

#### **Councillor Chris Osborne (on behalf of Inverclyde SNP)**

- Very concerned at the erosion of local services at Inverclyde Royal – core services must be maintained at the local hospital – hospital must continue to offer the full range of services expected of a general hospital.
- CMU should be retained at Inverclyde and mothers should be given the choice; NHS Boards should use the next three years to assess the option for returning the Consultant-led Maternity Unit to Inverclyde. Inverclyde should be providing a full range of maternity services for the people of Inverclyde, North Ayrshire and parts of Argyll.
- Unacceptable that mums are being driven up the M8 in ambulances to give birth; disgraceful that mums from Argyll and Bute are routinely undertaking a long journey past a perfectly good hospital to get to Paisley.
- Inverclyde undergoing a long period of regeneration and is seeking to attract new families to live in the area – not having a local hospital which offers a full range of services is putting people from other areas moving to Inverclyde.

#### **Gourock Community Council**

- Appalled at proposal to close the CMU at Inverclyde and transfer to Paisley.

- Led to believe that the decision has already been made and consultation is a mere formality and the public's views will be completely ignored.
- Area has serious deprivation and therefore logical and sensible to centralise services such as birthing within the area that they are most needed – preferable to increase available services and make them Consultant-led again.
- Received reports of insurmountable difficulties of mothers trying to get to Paisley by public transport or private means – roads infrastructure around the Royal Alexandra Hospital is abysmal and parking facilities are non-existent.
- Received reports that the staffing and attitudes of personnel at the Royal Alexandra Hospital leaves much to be desired – this will only increase pressure on current staff.
- Infant mortality rate in Inverclyde is highest in Scotland and to remove such facilities would exacerbate the situation and this is unacceptable.

### **Inverkip and Wemyss Bay Community Council**

- Concern at proposal to transfer birthing suite from Inverclyde to Paisley. Reject the notion of a single birthing unit for Clyde based in Paisley.
- Concerned that the erosion of health services in Inverclyde – it is a rapidly expanding area with two large housing developments and further proposals for further house building.
- Strategic planning should give consideration for the much extended community in Inverkip and Wemyss Bay and would support the ISP recommendation to keep the CMU at Inverclyde open for three years.

### **West Dunbartonshire Council**

- The Council believes that these vital local services should be retained in full at our local hospitals.
- The existing NHS Board proposals do not address fully the concerns set out in the ISP report – and, in particular, the work carried out to promote the services needs to be re-examined.
- The criteria used to define risk is open to interpretation – consideration should be given to the circumstances that cause mothers who have expressed a wish to have their baby delivered locally and then are not accepted as being in safe categories.
- The new patterns of clinical leadership have not been analysed adequately and it would be helpful if they could be so.
- The NHS Board should do all it can to retain these services and begin the work of restoring the status quo and the level of service people need at the Vale of Leven hospital.

### **MSPs/MPs**

#### **Ross Finnie**

- Disagree profoundly and object to Board's proposals to create single midwifery birthing suite for Clyde at the RAH.

- The NHS Board has failed to respond adequately to the recommendations of the ISP – why mothers choose not to use the CMUs remains unanswered.
- Those with deprivation as a major driver of contra-indications to CMU delivery do not choose, they are directed and thinking it essential to have access to a Consultant – therefore not properly informed about benefits of a CMU.
- For a period of 18 months neither hospital offered birthing facilities – thus crucially undermining public confidence in both hospitals’ birthing maternity services; ISP found that there had been little attempt to publicise the benefits of CMUs.
- The Board concludes that as women are exercising a choice, this proves there is no lack of awareness of the benefits of CMU – total lack of logic in that conclusion.
- When CMUs were being designed it was recognised that it would take between 5 to 10 years to allow the new model to become embedded – ISP expressed its concern that this information had been withheld and was not included in the consultation paper.
- ISP heard powerful arguments from local practising midwives and opinions expressed by the National Childbirth Trust and the Royal College of Midwives – all contrary to the Board’s favoured option.
- ISP came to a diametrically opposed conclusion from the NHS Board – that the CMUs should run for a further three years and be accompanied by a positive community education programme informed by a survey of women’s attitudes.
- Proposals are predicated on a view of the Board unsupported by any evidence that there will be no change in the socio-economic profile of pregnant women – but levels of deprivation will remain unchanged and hence the number of women potentially at risk during birth will remain unaltered; regeneration improvements in the housing stock are under way and will improve substantially the economic prospects and hence the socio-economic make-up of both Dunbarton and Inverclyde. However, emerging anecdotal evidence of young upwardly mobile couples being put off the prospect of moving to an area where there are no birthing facilities.
- The NHS Board’s preferred option is not supported by the ISP, the government’s promotion of regeneration, by medical practitioners who work in the hospital nor the public. Develop the further option as recommended by the ISP.

### **Stuart MacMillan MSP**

- Encourage the NHS Board to maintain the current CMUs at Inverclyde and Vale of Leven.
- The transfer will have a negative impact on both communities in Inverclyde and West Dunbartonshire as well as on the future of both hospitals; the RAH will struggle to deal with the extra numbers of births and therefore could be a threat to services at the RAH also.
- Agree with the ISP that the CMUs remain open for a further three years alongside a community education programme – this would be a fair outcome and would allow the Board and the public to fully evaluate the success for births at CMUs.
- It takes five years for many women to feel confident without access to a Consultant.
- Over the three years of the CMUs there clearly have been fewer births at the units as compared to the number of bookings at the hospital. The caseload of both hospitals has remained fairly constant – it is therefore legitimate to query the desire of removing the existing birthing units.
- If 30% of women were transferred during labour this is a legitimate case to re-introduce the Consultant-led unit to prevent unnecessary and added stress imposed upon expectant mothers.

- Clear evidence that women want to deliver locally and if Consultant services were at both hospitals, they would be utilised.
- If Skye with a population of some 9,000 can survive with a CMU then surely Inverclyde with 80,000 people plus surrounding areas and West Dunbartonshire with 92,000 can.
- Babies born to drug-dependent mothers are already living chaotic lives – delivering locally would be a positive option in attempting to stabilise their activities and lives.
- Centralising births at Paisley would lead to more women miscarrying within a hospital – this produces added stress on women continually hearing and seeing babies after miscarrying and would be very unpleasant. This would be easier to manage in CMUs.
- The issue of travelling to Paisley from Inverclyde or West Dumbarton has been highlighted repeatedly. This needs to be fully addressed and considered during the consultation process.
- With the deprivation figures for Inverclyde, clearly there is a need for enhanced services and not a reduced level of health services.
- Adopting a quick-fix for short-term financial benefit by centralising services may actually have a longer-term negative financial impact given that many women will need ambulance services to Paisley.
- If given time to develop the local CMUs can begin to flourish as they have done elsewhere within the country.
- Access to a local birthing unit could be an important option, particularly if women could be educated on its benefits.
- NHS Boards should reject the preferred option and consider the recommendations of the ISP – a further three-year period with a community education programme run in tandem.

#### **Alan Reid MP**

- Status quo should be retained and Board should implement the ISP's proposals to give local birthing suites more time to establish themselves – accompanied by positive publicity to establish their worth in the eyes of local mothers.
- At the CMUs' inception it was anticipated that the units would require a 5-10 year run-in period.

#### **Dr Bill Wilson MSP**

- Any revision of health services within Inverclyde must take into account the complex interactions between the levels of deprivation and should not lead to a widening of the appalling gap between the best and worst served communities.
- Low take-up of local services cannot be used as justification for the closure if a proper community education programme has not been running for a significant period.
- There is a duty to provide high quality local services in relatively deprived areas where people's lives can be more chaotic and transport more difficult for individuals.
- If many women are at present being transferred during labour from a CMU to a Consultant-led one further away, then that could be interpreted as a reason to improve local provision rather than closing it.

## **General Public**

### **Tracey Baird**

- Two recent pregnancies with care and delivery at the Southern General Hospital – care was excellent but had no contact or knowledge of the Vale of Leven CMU – prolonged hospital stay was therefore troublesome from visitors' terms and the distance to be travelled.
- During second pregnancy considered delivery at the Southern General and came back to the Vale for post-partum – not welcomed by staff which gave the impression of midwives focused on delivery but not interested in the pre- or post-natal care.
- While women and midwives may want a non-interventional delivery they also want immediate access to anaesthetics, senior medical staff and paediatrics if needed – cannot see how this can be provided by anything other than the preferred option.
- Would strongly encourage local midwives to take the lead on offering the chance for excellent ante- and post-partum care locally at the CMUs – delivery is at most 24 hours, the preceding nine months and the following three could do with a bit more input.

### **Alistair Begg**

- Object to the proposals to transfer all births from the Vale to the RAH – current service should be maintained.
- Appalling that the local community should be expected to attend a hospital as far away as Paisley over the Erskine Bridge – which is subject to closure during weather and traffic congestion.
- Disgraceful that the Board should seek to remove hospital facilities from a rural area with limited public transport in order to plug a funding gap.
- The transfer of births is totally unacceptable on the grounds of doubtful accessibility, poor transport links and severe inconvenience.

### **Ann Brough**

- First-time mothers have to travel for 40 minutes to get to the RAH – often told they are not dilated enough and to come back the next day – what happens to people without transport.
- Impression that there is not enough staff at RAH to cope at the moment as the after-care is not very good.
- RAH would need a very large amount of money spent on it – so why not use this money to keep the birthing unit at Inverclyde open.
- We have already lost several services to the RAH and it is not in the interests of Inverclyde to lose any more.
- Maternity services have not improved in 40 years since I gave birth and it's time to put mothers first.

### **Mary Bruce**

- NHS Board claims that having a baby at the CMU at Inverclyde is more expensive than having one at Paisley – this is because maternity resources and staff are concentrated in Paisley with the inevitable result that many pregnant women elect or are instructed to go there.

- Does it make sense to have a second concentration of resources at Paisley which is so close to the provision in Glasgow?
- Women who give birth at the CMU praise the care they have received and are in agreement with the findings of ISP which is to retain the service.
- The NHS is expected to be equitable in its provision – and some finance should be invested in the advancement of units at Inverclyde and the Vale so that they are sustained.
- Consultation documents make play of the poor state of the health of women in Inverclyde and the Vale of Leven – this indicates that they are more in need of local familiar care than their more affluent politically aware sisters.
- A conurbation the size of Inverclyde – women should be safely delivered in their own community – they should not have to bear the burden of the debt which was passed from NHS Argyll and Clyde.
- Over-centralisation is not what is best for maternity.

### **Barbara Bryson**

- The CMU should be kept at the Inverclyde Royal. Ask any woman and they would say that they would prefer a unit which was handy to where they live.
- There is a discomfort travelling along a busy motorway – do not ask your male colleagues, ask the females.

### **Linda Carroll**

- Care received at the Rankine Unit was exemplary – it was very personal and had the choice to deliver my baby in the town in which I live. The thought of travelling to Paisley in labour is not a prospect relished.
- Inverclyde has been in constant decline for years – closure of delivery suite would feel like another blight on the services and facilities of the area.
- Marked improvement with lots of regeneration, new housing and exciting prospects ahead therefore we need to retain services like the Rankine Unit – giving women a choice to deliver their babies locally.
- If the birth rates are so low can it not be considered to now return to the days of the unit being Consultant-led – some women choose the RAH because of the fear of something going wrong.
- We need to see the service maintained and improved – for a town the size of Inverclyde, it is ridiculous that women have to travel to Paisley to give birth.
- Sincerely hope the decision is made to keep the unit open – it would be worth reading the comments book that they have to see the strength of feeling and the incredibly positive experience of many women.

### **Mrs J Cassella**

- Protest most strongly at yet another department at Inverclyde Royal being moved to Paisley.
- CMU is needed at Inverclyde and removal to Paisley would surely mean mothers and babies would be put at greater risk – not all babies give many hours warning before birth.

## **James Dick**

- Strong evidence that when the midwife-led unit was set up there was no proper funding or publicity materials about the service – nor was there detailed discussion with support services such as laboratories regarding the requirements for the new service; insufficient funds were laid aside for midwife training and this has all been reported in the local press.
- It's hardly surprising then that GPs in Dunoon have been telling their patients, in ignorance, to pass the Inverclyde CMU for maternity and children's services. Similar units in the north-east of Scotland have far higher use and are operating successfully.
- This is not the service which local people were promised on withdrawal of the Consultant-led service.
- The number of live births for comparison with previously quoted viability figures for a Consultant-led service is now close.
- Safety of mothers and their babies is paramount – this would be best serviced by a unit led by experienced Consultants and well trained staff at a local level. Best option would be to retain the CMU at Inverclyde and to properly resource it in terms of midwife training (including experience following difficult births) and publicity to users for a period of around three years; whilst planning for the re-introduction of the Consultant-led service including special care baby unit at Inverclyde, together with an enhanced paediatric cover.
- The NHS Board should look at the problems associated with the number of caesarean sections being performed – currently 24.9% for Inverclyde and 28.1% in NHS Greater Glasgow and Clyde as a whole – they cost the health service twice as much as normal deliveries and babies born by caesarean are more prone to breathing difficulties which adds to costs.
- Adequate publicity should be given to the advantages of a midwife-led service in uncomplicated births – easing the financial plight on families at a national level to enable mothers to give birth at a younger rate would also help.

## **John Docherty**

- Disappointed to note that the NHS Board has plans to transfer the CMU at Inverclyde to Paisley – another step in the continuous asset-stripping of our local hospital after it was downgraded in the not too distant past from a Consultant-led maternity unit to its current CMU standing.
- Even although the ISP found that the CMU had not been in existence long enough for its success to be properly assessed and asked for it to be given a further three years to bed in – this option of status quo was specifically excluded from the NHSGG&C consultation.
- The NHS Board should reconsider this decision – the size of Inverclyde and taking in North Ayrshire and the islands needs and deserves more than the current level of maternity services in Greenock as opposed to the service being further cut.

## **Catherine Downey**

- Totally disagree with the move of the CMU – Inverclyde is a vast area – instead of contemplating moving maternity services out, the NHS Board should be considering moving it back to a Consultant-led unit; it is not a coincidence that the infant mortality rate in this area has almost doubled.
- The CMU not being utilised – it is obvious – no Consultant on hand should there be an emergency, bundled into an ambulance and raced up the motorway – not my idea of care.

- Concerned that expectant mothers have to make the decision whether to consider the ease of access for their families or consider the worst scenario and opting for Paisley.
- If you listen to the people, the CMU at Inverclyde cannot fail to be saved.

### **Anne Duffy**

- Having already lost a Consultant-led service for maternity provision in Inverclyde, to take away our midwives would take away something very important from the core of our community. No children to be born in an area of this size – how absurd.
- Are young women being given the message that home births are possible?
- Attempts have been made to attract people to come to Inverclyde and many houses are being built – this does not seem to have been built into the proposals.
- Having midwives at Inverclyde is not such an expensive part of the overall NHS budget – do not abandon our area.

### **Alison Duncan**

- Registers opposition to any further downgrading of the maternity services at Inverclyde.
- Expert opinion has concluded that the CMU has not been running long enough to have its effectiveness assessed properly – it does not need an expert to understand that.
- The plans are hasty and ill-conceived and would leave this area with a third world maternity service.

### **Caroline Hendry**

- Feels quite strongly about the maternity facilities in this area which also takes in outlying areas such as Dunoon, Rothesay, Skelmorlie and Largs.
- The CMU works very well but would like to see the full maternity unit being reinstated; we pay our taxes like everyone else and deserve full medical facilities and not to have to travel the 18 miles or so to Paisley.

### **Catherine Hookey**

- Having already lost the Consultant-led service, it is unbelievable that we are to endure the removal of the CMU – this is discrimination of the worst type.
- Young women in labour do not need the unnecessary stress of having to travel to Paisley.
- Medical care of the highest degree should be offered in Inverclyde and it is necessary to keep the community together – young mums need to be surrounded by the love and support of family and friends at this emotional time.
- All women of child-bearing age abhor the notion that some anonymous Board should determine the future of their families' birthing.
- Surely a basic civic liberty is to be born in your own home town – a child of happy, proud and confident parents and growing up to be secure in your local heritage.

- The regeneration of Inverclyde will suffer greatly through this hasty and ill-conceived plan.

### **Simon Hutton**

- Registers objections to the NHS Board's preferred option to site all birthing services in Paisley – supports the retention of the CMU at Inverclyde.
- I have previously written to the NHS Board Chair indicating that local women were unsure of the CMU service provided and had opted for a Consultant unit just in case – a public education campaign may have been beneficial to allow local mums-to-be to make a more informed choice.
- ISP agreed with this proposition: however, deeply disappointed that my suggestion and that of the Panel's was rejected by the NHS Board.
- What if the overwhelming driver for change is financial – the NHS is not a commercial organisation and must provide health services to all communities; clearly, smaller, more remote areas will be less able to take advantage of economies of scale.

### **Alex Imrie**

- Having read and examined this carefully – agrees with the changes for the birthing suite to be moved to the Royal Alexandra Hospital – where the service will still be midwifery-led and Consultants will be on hand.
- Delighted that the CMUs will still be available at Inverclyde and the Vale – providing day care, ante-natal checks and scans.
- Don't see in the foreseeable future the amount of poverty going down and the gap between those who have and those who don't is widening. The NHS is going to be constantly under pressure and they are going to need enough excellent trained staff and facilities to cope with this.

### **Jacqueline Inglis**

- Read recent press coverage regarding proposals on CMUs together with a young mum's horrifying experiences at the Paisley Maternity Unit and provided details of her experiences with the Royal Alexandra Hospital – Maternity Unit. Provided examples of poor and insensitive service at the Royal Alexandra Hospital. In addition, concern was expressed about the actual condition of the Paisley wards and encourages members to pay a visit to compare them with the lovely, clean and bright accommodation at Inverclyde.
- Nothing but praise for the staff at Inverclyde Royal Maternity Unit and previous care at this unit had been tremendous and could not be faulted.
- I hope that you will do what is appropriate and needed for the residents of Inverclyde, present and future.

### **Anne Lang**

- We need a birthing unit at Inverclyde Royal for local mums-to-be as they will have spent all their pregnancy getting to know the midwife and surrounds of the Inverclyde and by the time of giving birth they will have a long journey and unknown midwives and surroundings.
- I had both children in Paisley and found that the staff were not very helpful.

### **Norma Lapsey**

- It is a disgrace what you are doing to the people of Inverclyde – one thing after another is being taken away from us and now it is the birthing unit; our Consultant-led Maternity Unit should not have gone in the first place.
- How do you expect poor mothers to make the journey to Paisley – I have not seen so many baby deaths or heard about so many since our maternity unit closed?
- Sad to think that no more babies will be born in Inverclyde – Inverclyde deserves better.

### **Vicki Lapsley**

- We have a perfectly good hospital with a maternity unit on our doorstep – the CMU is much nicer, more modern and the staff familiar and friendlier than the service you receive at the Royal Alexandra Hospital; its delivery rooms were old-fashioned and unappealing.
- Why should mums and babies of Greenock and the surrounding area be put to this inconvenience.
- Rankine Unit was always busy. If any concerns during pregnancy, the unit was five minutes away and always willing to see you.
- The RAH is in an inconvenient location – especially for those who do not drive – visiting times are such that schoolchildren have to be taken out of school or baby-sitters arranged.
- A full maternity service should have remained at Rankine Maternity Unit and no further cuts should be made to our services – the Greenock area should have a guaranteed Consultant-led midwifery unit.

### **Rhona Macvicar**

- Appalling situation at a time when Inverclyde is doing everything possible to regenerate – NHS Board are disregarding the views of the local population and ISP.
- Plan to centralise short-sighted, preposterous and unsupported by evidence – the case has not been made to stop any more babies being born at Inverclyde.
- I am strongly against this plan and the views of the ISP, i.e. to allow another three years to allow the facility to establish itself should be adopted.

### **Mrs B McGaughey**

- Object most strongly to any removal of the CMU to Paisley – consultation is very hasty and very ill-conceived to consider this transfer – the NHS Board should have given it another three years as asked by the ISP – why couldn't you do this? Remove the CMU and the NHS Board will be responsible for the stillbirth and death of some mother and child in the future – the days of babies being born in a lay-by should be over.
- One-by-one the departments of our hospitals are being decimated by NHS GG&C. If you remove the CMU, what will you remove next?

### **Peter McGhee**

- Registers disappointment and objection to the planned change to maternity services at Inverclyde.

- Finds it hard to believe that the NHS cannot see the benefits of having maternity services for a growing population like Inverclyde; that with regeneration happening, the population is set to increase and many of them will be young families wishing to start a family.
- The proposals are short-changing the people of Inverclyde and is another example of the NHS Board's refusal to end its fixation with centralising as many services as possible in Paisley.
- Consultant-led services should be re-introduced at Inverclyde and services at the RAH be cut and maternity services transferred to the Southern General – less than 15 minutes from RAH by car or ambulance. Instead, the NHS Board felt it was justified in asking mothers from Inverclyde to make a 45-minute journey to Paisley.
- The RAH does not have the capacity for more services and more births – the NHS Board has failed to respond to the recommendations of the ISP and doubt that the Board will take the advice of a community activist.

### **Gerard McHugh**

- Inverclyde Royal Hospital should have full birthing facilities restored as soon as possible.

### **Angela McIndewar**

- Chosen to have third birth at the Vale of Leven CMU because:-
  1. It is clean, bright, airy and homely in appearance.
  2. Staff are friendly, knowledgeable and have years of experience behind them.
  3. My mother can come into the unit to visit me as she lives locally and does not drive.
  4. My partner would be able to be at the birth as it is local.
- There is only one option - that is for the service to remain as is.

### **Donna McMenamie**

- Unhappy at all the changes that have happened in the last few years to the maternity/pregnancy department at Inverclyde.
- First pregnancy – felt cheated that I was unable to give birth in my home town – unfair for us to travel so many miles to give birth in another town which we don't live in.
- Set out circumstances of having suffered a miscarriage, was then in a maternity ward with people who were going into labour and people who had just delivered – cruel and the worst night of my life.
- Treated poorly at the Royal Alexandra Hospital: however, when treated at Inverclyde this was probably the best treatment received.
- A disgrace what has happened to the facilities at Inverclyde; the distance that is needed to travel to Paisley adds to the distress of the mother and a disgrace that you can't give birth in your own home town – all because of money; we pay taxes and we don't even get the benefits on our own doorstep.

## **Lorraine McQuikin**

- Strongly opposed to the proposal and having given birth at Paisley and Inverclyde – the standard of care received at Inverclyde greatly surpassed that of care at the Royal Alexandra Hospital. It seemed that the staff at Paisley were extremely busy and had perhaps lost sight of the fact that you were maybe having your first or 10<sup>th</sup> – it was still a unique experience – a life coming into the world at their hands.
- Initially asked to consider the birth at the CMU and while not keen, the midwife explained and let me see the CMU to put my mind at rest – a fantastic decision as the care, support and personal attention were second to none.
- CMUs are not being used because not enough is being done to promote them – midwives are trained in delivering babies and they have spent years studying and training to do it. They are not doctors’ assistants, they are highly skilled in bringing life into the world. Give the unit three years to try and make people aware that there is no danger involved in delivering there.
- It will be a midwife-led unit at Paisley that we’ll be forced to go to so fail to see the benefit of closing the unit at Inverclyde.
- This will place an additional strain on the ambulance service which is unnecessary as there is a perfectly good CMU in Inverclyde.
- Many services have already been taken away from Inverclyde and yet this is an area with high medical problems.
- There is some fairly expensive restoration and regeneration, new housing and schooling and knowing good medical support is on hand is important to many families.
- Families and visitors could visit the CMU with ease and staff are wonderful and the standards of care were exceptional.
- Please allow the unit to remain open and give it time to raise its profile and reassure people that it is safe to go there.

## **Alison Munro**

- Concerned that the NHS Board’s proposals and discrimination that has been shown towards the women of Inverclyde, Dunbartonshire and Scotland and has written to the Cabinet Secretary, as well as requesting information on activity levels under the Freedom of Information Act.

## **Elena Monaghan**

- NHS GG&C are spending millions of pounds on hospitals in Glasgow and we have been pushed aside in not being treated in the same way as our counterparts in other areas “ruled” by the NHS Board – we pay our national health and taxes and Council tax and yet they are having super hospitals, state-of-the-art health centres and people in our area are being treated like second-class citizens who do not even merit a basic hospital with the number of staff vital to its preservation.
- Why are the people of West Dunbartonshire worth less than the people of other areas which are under NHS GG&C; how much money is being saved from stealing the services from the people of this area; if it is unsafe for the hospital to function without the necessary specialists, why can’t they be provided?
- Do NHS Boards realise how difficult it is for people in this area to get to hospitals at the other side of the Clyde.

- Experienced severe difficulties in transportation when heading back from Paisley out-of-hours.
- Stop the cut-backs, put the equipment and staff necessary to give us back a fully functioning hospital and start treating us like human beings.

### **Angela Munn**

- Opposes the plans to close the CMU at the Vale of Leven Hospital and hope that the views of local women will be listened to.
- All local women have the right to give birth locally.
- The level of care and attention provided at the Vale CMU is by far the best – staff are attentive and with you every step of the way – I constantly had a midwife massaging my back and supporting me and I felt completely supported and the experience was less stressful and more relaxing – this was completely in contrast to my experience at the Royal Alexandra Hospital, where the staff are too busy and have little time to support new mothers.
- Having access to the CMU birthing suite at the Royal Akexandra it is not an alternative as it is outwith our community. The staff do not know who we are or understand the area we live in.
- The choice has to be there to give birth in our local communities – it is at the heart of what the community is and people want that right.
- The RAH is not in relatively close proximity to the Vale of Leven – I can get to the Vale of Leven in 10 minutes and on a good day it can take 45 minutes to get to the RAH.
- Babies will be born in cars at the roadside if this continues and this compromises their safety.
- The Consultant-led care should be re-introduced at the Vale of Leven to complement the work already done in the CMU – it is time to listen and act in accordance with the wishes of local people.

### **Myra Potter**

- Objects to any plan to close maternity services located at Inverclyde Royal – the area has high unemployment and health issues and the reduction of services at the local hospital are contrary to the needs of the local community.
- The logistics of getting to the RAH in Paisley present a barrier to easy access to services and there is limited public transport.
- The planners at the NHS have lost sight of the needs of communities like Inverclyde and can only see the grand plan to centralise services to the cost of everything else.

### **Georgina Pryce**

- Expressed concern over the future of the Vale of Leven CMU. The services within the local area are invaluable and should be kept open to allow women in the area to make a choice of using these facilities to give birth if they have a low-risk pregnancy.
- I understand that the birth rate is low but the number is growing steadily. The level of care and experience provided from this unit is far superior to the level of care provided from the hospitals designated to cover our area.

- Women within this area should have access to local services for scanning and pre-natal care – Paisley has no transport links and is more difficult for patients and family and friends to reach these hospitals.
- Choice should be given to women to give birth in a midwifery-led unit – it would be a travesty to close this facility.

### **Leigh Richardson**

- It would be terrible to the Inverclyde area for the morale of expectant mothers to have to give birth at the Royal Alexandra Hospital, Paisley. Personal experiences at Paisley were fine: however, the travel through to Paisley meant that I went in at the earliest time and was told to either go home or go to the ward but that my partner would need to leave. Thereafter, it seemed I was a burden to the staff.
- Explained the difficulties experienced at the Royal Alexandra Hospital, Paisley and would much have preferred to be in a hospital closer to home and this would have allowed the partner the chance of being able to greet his son as he entered the world.
- Fully aware of the greater good and Inverclyde has a declining population – employment and services of an area will always be an incentive to an increasing population – services at Inverclyde Hospital should be encouraged and improved.

### **Elizabeth Robertson**

- The retention of choice for women is by no means encouraged – and staff wish for Clyde services to be the first choice for patients; choice is reduced due to risk assessment factors, complex health factors and constraints of deprivation.
- Birth will surely only ever become medicalised where necessary.
- Local accessible care – no longer accessible for all if Paisley becomes involved for an individual patient from Inverclyde.
- Not all women are able to give birth at Inverclyde in the first place due to choice, potential risks involved and birth being a spontaneous event.
- Quoting statistics about under-use of resources is disingenuous – these statistics would not be the same if a full consultancy unit were available at Inverclyde.
- The previous decisions of the NHS Board have made it very difficult to choose Inverclyde as a viable option in the majority of birthing instances – this is viewed as a staged approach to remove services by stealth from Inverclyde.
- Is it honestly responsible for the NHS Board to allow the situation to be perpetuated? 32% of women planning to give birth in Inverclyde have to be moved during labour to Paisley – Inverclyde's infant mortality rate is 76% above the Scottish average – the complexities of maternal health, environmental health and neo-natal health seem to point to a need for more resources rather than fewer.
- There is also the significantly above average number of new deliveries being moved to Paisley within one hour of labour – why are mothers and babies being put in the immensely stressful position of being separated for such a journey and deprived of a peaceful and positive start with each other.
- This decision is being based on funding.

- There is no Scottish Index for Mortality and Deprivation – it is the Scottish Index for Multiple Deprivation – this highlights a distinct lack of care and attention.
- Give the vulnerable patients more safety and less risk by maximising the available service to them within their community.
- Initial mention of the working group makes no reference to patient/service user representation (although it is mentioned in the appendix).
- It is unbelievable that the safe delivery of children is not considered an essential service of maternity services whilst complementary therapy is.
- Is dealing with the financial deficit of NHSGG&C worth the safety and lives of women and children in Inverclyde?
- The job titles of panel members at public meetings seem to indicate there are different staff dealing with NHS Greater Glasgow concerns than those dealing with Clyde concerns.
- The removal of an essential part of maternity services (safe delivery of babies) will not encourage people to live/move into the area – why would families or young people starting to think about families choose to live in an area that doesn't have maternity services.
- No-one from Inverclyde would be able to travel to Paisley any quicker than the evidence which suggests that a journey over 12 minutes to give birth presents more difficulties for mother and baby.
- The NHS Board does not address what will clearly be an issue for the Scottish Ambulance Service.
- When was the option appraisal event? How well was it advertised? Disappointed by the level of advertisement for public meeting – community engagement could have been better. No crèche facility was provided even when asked for – promotion of the public event in the local press was minimal.
- Anticipated activity levels - who projected that there would be such a high level to compare with the pitiful activity levels that has actually occurred.
- You can ask women if they prefer the CMU but the fact remains that not many of them can use it as Consultants are the safety net which should be afforded locally to all patients.
- The preferred option at the Board is evidently at odds with public opinion, the ISP opinion and the relevant Consultants working in the Clyde area.
- It was constantly reiterated that the option of returning the Consultant-led unit to Inverclyde was not up for discussion – why not given the state of health and health inequalities in Inverclyde.
- Any savings to be made by removing the CMU at Inverclyde could also be made by removing the Consultant-led service from Paisley and replacing it in Inverclyde.
- The main findings of the ISP in terms of focusing on promotion of the CMU and giving it more time have largely been disregarded by NHSGG&C.
- Clearly, there will be an increase in the use of the Paisley facility if the Board gets its way – nothing has been said about the proposed investment to enhance services to deal with this.
- The good service delivery and safety of CMUs should not be besmirched in this exercise and the corollary issues of reductions in level of service delivery and determinants for safety of babies and mothers should be paramount in the final decision making process.

### **Patsy Robertson**

- Birthing unit should remain at Inverclyde – if we want to encourage people to settle in Inverclyde we must provide good hospitals and schools therefore the maternity services should be available here.

### **Nathan Scoular**

- With a number of houses being built in Inverclyde, I think this would indicate an increase in population so a local maternity unit is a must. Since the closure of some maternity services at the Rankine Unit, Inverclyde the amount of stillborn babies has increased.
- The NHS Board should think again in retaining maternity services within Inverclyde – but not just the birthing unit but a full Consultancy-led unit.
- Do not want any future generation of mine having their birthright taken away from them – right should remain ours to be born within Inverclyde therefore retain the maternity services at a local hospital.

### **Mrs E Simpson**

- Protest most strongly to yet another department of Inverclyde Royal Hospital being removed to Paisley – object most strongly to the removal of the CMU to Paisley.

### **Claire Smith**

- Whilst this unit may not be suitable for every mother to be delivered, it deserves a chance to establish itself as providing a vital service for mothers who choose to give birth in a local safe and well-run unit.
- We should be looking at ways of attracting people to live within our beautiful part of the country and a fundamental way of doing so would be through providing basic services – not closing existing services down.

### **Pamela Stewart**

- Totally against the maternity unit moving to Paisley – the care I received at the Rankine Unit was second-to-none and would have been most uncomfortable and distressed at the thought of having to drive to Paisley while in labour – this would be an area I would not have known and staff who would not have known me.
- Keep Inverclyde babies just that – Inverclyde.
- The unit could be kept much busier if mums from the outlying areas such as Dunoon, Largs and Rothesay were allowed to choose Inverclyde as their maternity hospital.
- Hope that the powers-that-be can see what a disastrous decision it would be to transfer it to Paisley.

### **Maureen Williams**

- Objects to the closure of the Inverclyde Hospital Maternity Unit – it is not acceptable to expect mothers in labour to have to travel to Paisley to have their babies if that is not their wish.

- Explained experiences at the Royal Alexandra Hospital, the staff seem to be stretched to the limit and adding more pressure is not going to help.
- We have a lovely, clean and fresh unit at Inverclyde – we should make it a fully midwife-led and Consultant-led unit the way it used to be. It seems that every local paper you read says another baby has died or has been born asleep at Paisley – how many more babies must die before these people come to their senses.

## **Other Organisations**

### **Aileymill Nursery School**

- Outcome of meeting held on 6 June 2008 – the mothers much preferred a local service in Inverclyde – highlighted continuity of midwifery services, knowledge of the local hospital and local services.
- A parent reiterated this adding that if you have a very fast labour you may not reach Paisley in time – she highlighted the lack of information on choices currently available to prospective mums.
- Some parents believe there should be a single midwifery birthing unit for Clyde based at the Royal Alexandra Hospital: however, others were unsure. Concerns were made regarding the time involved in travelling outwith their local area and worrying about getting there before the birth which could then complicate matters.
- There was a suggestion that we promote more community midwives to give a more personal service and perhaps encourage home births.
- A mum reiterated home births were such a nice experience and should be encouraged, and on-call local service should be available immediately to women who have nagging doubts or concerns during their pregnancy.

### **Greenock Chamber of Commerce**

- Dismayed at the proposal to close the CMU at Inverclyde.
- Cannot comment on the medical aspects of the risk criteria – but would hope that the families involved are informed of the alternatives without any bias placed to encourage the women to go to Paisley unnecessarily.
- Inverclyde has started a programme of regeneration led by Riverside Inverclyde in partnership with Inverclyde Council, Scottish Enterprise and Clydeport – this could see a potential of 4,500 increase in residents therefore projects have been aimed at attracting new businesses and it would be extremely disappointing to see that the provision of a birthing suite will no longer be available at Inverclyde Royal.
- Part of the regeneration success will be based on the area's infrastructure including adequate medical services – many of these new residents will be of an age group that requires birth suite facilities and the NHS Board's action would detrimental to this regeneration aim.
- Established businesses operate in a location that has a comprehensive infrastructure that supports all employees – changes to any of the services provided at the local hospital creates uncertainty in the environment and to businesses – it is an unnecessary distraction that businesses have to cope with and has consequences and creates uncertainty around retaining and recruiting staff.

- The ISP suggested that the period of review run for three years – the NHS Board believes that no change in the circumstances will incur from now to the end of that period – ISP must have had some basis for it or else it would not have proposed this review period – the NHS Board appear to be dismissing this recommendation out of hand.
- We ask that you revisit your proposals with a view to retaining a birthing suite at Inverclyde or at a minimum allow the review period to run its full course as recommended by the ISP.

### **Inverclyde Hospital Forum**

- Concerned about the proposals to change maternity services in Inverclyde – it would appear NHS Boards have never considered that every mother is precious in the first instance, and every child delivered safely and free from delivery inadequacies is tomorrow's voter – is both real and important.
- Travelling to Paisley during delivery is unacceptable today.
- Status quo at Inverclyde is out of the question in this day and age.
- The choices of Options 2, 3 and 4 in the consultation paper are not acceptable in 2008.
- Total care and delivery at the Inverclyde Hospital should be reinstated at once.
- Transportation in emergencies may be damaging and often fatal.
- Obstetricians are mobile, women in maternal distress are not and time, nor transport, are not on the mother's side in these cases.
- If only few women are involved then only few obstetricians will be involved and costs must surely be minimal – the mothers, on the other hand, are important and she may have other children at home awaiting her safe return.
- Total delivery at Inverclyde Royal Hospital must be restored – babies can be properly resuscitated and transferred to Glasgow safely from Inverclyde, in incubator conditions.
- It is our estimation the financial costs must be minimal but the parental satisfaction, we assure you, will be profound.

### **Scottish Federation of University Women, Inverclyde & District**

- We could not agree with NHS Board's decision to establish a single maternity unit at the Royal Alexandra Hospital.
- The NHS Board has failed to consider that the life of every mother and child is precious and that every child's safety delivered is tomorrow's future.
- The NHS Board's decision to terminate all deliveries at Inverclyde has failed to give any consideration to the proposals put forward by the ISP.
- Before reaching any decision, the NHS Board should give the following priorities full and fair consideration in the interests of women and future generations of Inverclyde and surrounding areas.
- The reconfiguration of services in 2003 was ill-conceived – public consultations were a waste of time as no arguments/objections were listened to or considered – this must not be repeated in 2008.

- The idea of centres of excellence which is now out-of-date has been rejected by the government; health care should be delivered locally and it is an ideal situation for maternity services.
- The RAH is not central to the Inverclyde district – Inverclyde is central to a large and growing population from Port Glasgow, Greenock, Gourock, Inverkip, Wemyss Bay, Dunoon, Rothesay etc. The question of closing the RAH has never been fully explored, rationalised or even answered.
- Closing the CMU at Inverclyde is nothing to do with delivering a better health care service nor it is based on sound medical practice – it is simply based on cost.
- CMUs were presented as a second-class service and there was no education programme to encourage women to take up the offer – it was a cost-cutting exercise.
- The NHS Board began the process of undermining the value of maternity services in Inverclyde by removing essential equipment to Paisley – this did not lend support to the unit: in fact, it became obvious that the Board did not want the CMU and saw its removal as a way of saving money to try and balance out the deficit caused by mismanagement.
- It would appear that the CMU at Inverclyde is under-utilised therefore the costs are high but the NHS must accept most of the responsibility for this – they have constantly undermined and undervalued the staff; removed valuable and essential equipment to Paisley in 2003; ignored the fact that the CMUs required time to establish themselves within the community – this should have been between 5 and 10 years and the Board want to change the rules again after a mere 4 years; they have consistently to give the CMU at Inverclyde a chance to be successful; the Board has done absolutely nothing to educate the people about what is available at the CMU and that it is only a very small minority of births that require the intervention of a doctor. It would appear that women are being steered away from the CMU especially with first babies just in case anything goes wrong.
- The NHS Board should be trying to build confidence in the CMU by establishing a full Consultant- Led obstetric service at Inverclyde instead of proposing to take services away from where there is the greatest need.
- The number of neo-natal deaths has doubled since the withdrawal of obstetrics at Inverclyde.
- None of the four options proposed by the NHS Board meet the needs of the women of Inverclyde.
- The NHS Board should undertake to collect information on what the people in Inverclyde need by the use of a questionnaire drawn up by an independent body.
- The people should be given a choice – a combination of proposals 2 and 3 – if this is rejected then the alternative would be Option 4.
- Many people of child-bearing years do not own cars and therefore would require to use the ambulance service to get to Paisley as other forms of transport are not easily available – the journey time to Paisley takes 25 to 30 minutes – longer from Gourock, Wemyss Bay, Dunoon and Larkfield.
- Hospital delivery rooms are preferable to giving birth than in an ambulance or in the back of a car travelling up the M8; transportation in an emergency could be damaging and often fatal in many cases and some questions must be answered urgently – why has Inverclyde had a 76% increase in infant mortality rates in four years and why has Scotland the highest mother mortality rates in Western Europe.
- Obstetricians are mobile – women in maternal stress are not and time nor transport are not on the mother or baby's side in these instances.

- Only a few women are involved in emergency procedures and then only a few obstetricians will be involved therefore costs will be minimal – the life of a mother and baby is extremely important and many others have dependent children at home waiting for their safe return.
- Total delivery services should be restored at Inverclyde – babies in difficulty can be resuscitated there and then safely transferred in an incubator by ambulance to one of the centres of excellence in Glasgow.
- The NHS Board has failed to work out a sensible costing to justify the proposed changes – there is no breakdown of figures for problem deliveries, no given percentage of people using Paisley, Southern General or the Princess Royal services.
- Standard practice should not be jeopardised at the expense of choice – doctors not wanting to move from Paisley or Glasgow to Inverclyde or women who choose to have elective caesareans or epidural deliveries at specific times.
- The fact that staff acceptability was put before other benefit criteria just demonstrates how the Board thinks – alignment to what NHS Board has decided on financial grounds appears to be the highest priority.
- The ISP has suggested a longer period of time for the CMU to become embedded (10 years) – the NHS Board has done nothing to publicise the skills and services available at the CMU.
- The NHS Board should go back and carefully consider the recommendations proposed by ISP and reject the decision they have already reached without any consultation.
- Economics cannot be allowed to be the main criteria in such an important area as maternity services.

JCH  
August 2008

### **APPENDIX 3**

#### **NHS GREATER GLASGOW AND CLYDE**

Comments received from the on-line facility set up during the consultation on the Future of Maternity Services in the Clyde area of NHS Greater Glasgow and Clyde.

**APPENDIX 3**

Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
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**CONSULTATION ON PROPOSED CHANGES TO MATERNITY SERVICES IN CLYDE**

On-Line responses – Individuals

Ann Billimore	28 Drumshantie Road Gourock PA19 1SB	Yes	No	Well known that Inverclyde has many health problems. I worry that infant mortality rate will rise even further. It has gone up already. Paisley not got facilities to take it all on.	Bring consultants back to Inverclyde. May be costly financially but Inverclyde will disappear down tubes if mortality keeps rising. Maybe that's the plan!	A bit of common sense thinking would go a long way.
Marisa Brady	21 Methil Road Port Glasgow Inverclyde PA14 6JH	Yes	No	I gave birth to my two children in IRH CMU and had wonderful experiences. I felt calm and relaxed throughout labour and the after care was superb. I had a two night stay in RAH when I was pregnant with my first child and it was horrendous. The staff were too busy to help people, I was in a ward (16 weeks pregnant) with people who had just given birth, people in labour and a woman who had just suffered a miscarriage. I felt that we should all have been separated but the hospital is far too busy to cope with the demand.	Keep Inverclyde CMU open but advertise it better. All my friends and work colleagues thought that you had to give birth in Paisley now, they didn't realise Inverclyde was still available. I have sent a couple of my friends to Inverclyde because of my experience and they have had the same experience as me.	Everyone I have spoken to who has given birth in Paisley have all said the same thing – it is horrendous. This due to the amount of people in the unit, the staff are rude as they are too busy to deal with people. I witnessed a woman being told she was not in labour just to lie on her bed. Half an hour later she was back in the room with her newborn baby.
Cherine Divers	59/3 Park Road Glenburn Paisley PA2 6YB	Yes	No	Because it will not save the patients money at all, it will cost more to go to Glasgow for Paisley patients, as the taxi cost about £12 when you can pay £5 to go to RAH when you live in Paisley. It is really to save the NHS not the PATIENT.	Yes, ask the public and residents of Paisley. See how much transport will cost patients to travel to RAH from Paisley and how much it will cost to travel from Paisley to Glasgow then decide.	Yes, I think the NHS is for the service and the benefit of the public not the benefit of the NHS.

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Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
Siobhan Donaldson	11 Cardwell Road, Gourrock PA19 1UG	Yes	No	Closure of Rankin Maternity Unit would be a mistake, as it provides a vital local service. In my case having recently given birth having to travel 30 minutes to Paisley would have resulted in me delivering in the ambulance. My labour came on very quickly and as a result just made in to A&E at IRH where Rankin midwives were waiting. The professional yet relaxed Rankin unit provides women a feeling of comfort at an emotional time and having the ability if needed to pop in to discuss any concerns no matter how small gives a peace of mind that can not be said by its closure.	Maintain the current service	The thought of travelling to Paisley is off-putting and would be something I took into consideration if I decide to have more kids.
Kimberley Dunlop	75 Wallace Street, Greenock PA16 9BL	Yes	No	I am planning to give birth at the Unit in August.	The Rankin Unit should never have been closed in the first place.	I am totally against giving birth in the Royal Alexandra Hospital as I was admitted last year and found the place to be unhygienic and doctors to be incompetent with their personal hygiene eg washing hands.
Patricia Dyer	Flat 1, 80 Octavia Terrace, Greenock PA16 7PY	Yes	No	Maternity cover should be consultant led at IRH and then local women would be delighted to use the Rankin Unit.	Consultants should be rotated to cover IRH as Paisley is too far to travel in an emergency situation especially with the traffic of today.	Why is full maternity cover available at RAH and the Southern (only 10 miles apart) yet nothing down the Clyde costs as far as Irvine. It does not make sense. Maybe it is because doctors like to live in Glasgow but patients should come first.

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<b>Name</b>	<b>Contact Details</b>	<b>Inform Me of Outcome</b>	<b>Agree</b>	<b>Reasons</b>	<b>Alternative Proposals</b>	<b>Other Comments</b>
Lorna Farquharson	Flat 1/1, 8 Bruce Street, Dumbarton, Dunbartonshire G82 1HX	Yes	No	I personally would feel more at ease giving birth at my local hospital. I am due my first baby in June and have chosen to give birth at VOL CMU. I did have some reservations about giving birth at the VOL, but feel I need to support what local services we have left. I feel that the RAH is just too far from my home, especially in an emergency. Takes a minimum of 20 minutes to get to RAH across Erskine Bridge, and if the Bridge was closed for any reason (eg bad weather) the minimum time to get to RAH would be about 40 minutes. I feel this is totally unacceptable and compromises the lives of people in Dunbartonshire and the surrounding area. VOLH should be reinstated to a fully functional hospital rather than being downgraded. The government should sit up and listen to local people and stop putting lives at risk.		

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Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
Hazel Greig	Flat 2/2 26 East Argyle Street Helensburgh G84 7RR	Yes	No	<p>Having delivered my first baby at Vale of Leven CMU in November 2006 I feel the level of service and standard of care offered is far superior to that offered at the larger hospitals. I received fantastic support for breastfeeding. I also had the advantage of knowing the midwives who delivered my daughter and having them remain with me throughout my labour. Having had to visit the labour ward at Paisley after delivering my daughter due to an infection when she was a few days old and dealing with 8 different midwives during my 2 hour stay there, I remain unconvinced that the level of care offered there would be anywhere near the same.</p>	<p>I think there needs to be a lot done in terms of promoting the CMU facility. Many GPs currently advise first time mothers that it isn't an option for delivering their babies and once the seed of doubt has been planted its very difficult to convince people otherwise, there seems to be a big misconception that it's not safe. A leaflet to explain the advantages of delivering there and what facilities are available in terms of pain relief etc would be beneficial to pregnant women who are maybe ensure of what their choices are. Many other pregnant women are ruled out from delivering there due to complications, could there not be an option for them to transfer back to the CMU after delivering for post-natal care? They could receive help with establishing breastfeeding and bonding with their baby in relaxed surroundings, closer to their homes. This would be a way of utilising the midwives in place at the CMUs and also have the added advantage of freeing up beds in the hospitals too. I think the evidence to support the continuation of births at the CMU is obvious from looking at the deliveries that already happen there. Mothers who deliver their babies there, have more one on one care, a better labour and birth experience, better breast-feeding support, less intervention and as a result are able to return home quicker</p>	<p>One of the other reasons given for the proposed changes is that it costs 3 times more to have a baby at the CMU than it does in Paisley. I fail to see how this can be the case, births in the CMU receive less intervention, so there are very low costs in terms of medication, no consultant costs and no need for anaesthetist. I fail to see how my straight forward delivery involving 2 midwives, water, gas and air and one shot of pethidine can be anywhere near the cost of someone delivering in a consultant led unit with constant monitoring throughout, opting for an epidural, requiring an anaesthetist and the increased possibility of then requiring further intervention.</p>

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Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
Robert Hurrell	29 Glenhuntly Terrace Port Glasgow PA14 5QE	Yes	No	As resident of Inverclyde, have yet to hear of anyone who is in favour of these proposals! Think it is hideous that an area of this size and an area of growing population has no services for others to give birth and for families to attend/visit. Partner gave birth to our daughter at IRH last year where labour only lasted 25 minutes, and we would not have made it to Paisley during afternoon rush hour traffic. Feel let down by a health service both me and my partner help fund even though we will be deprived of a vital service.	and recover quicker from the birth experience. I think if you are adamant on diminishing the service, the possibility of a community midwife(s) where they can be contacted (on call) to attend the hospital when the patient is in labour would be beneficial. This could work in the same way as home deliveries where you have the option to give birth at the maternity in a more relaxed and 'safe' environment as opposed to at home where it is not always suitable or practical.	This is a financial matter where expenditure should not affect the potential hazards involved in pre and post childbirth. The people making these decisions seem ignorant of the concerns of the community and quite happy to negatively affect the lives of people of 'another area' where they have no affiliation.
Nicola Keith	Flat 2/2 5 Kincaid Court Greenock PA15 2BW	Yes	Yes	Closer and makes sense as we have far to travel and Paisley women only have a few miles to the one in Glasgow.		
Ann Kerr	146 Beechwood Drive, Bonhill G83 9LY	Yes	No	It is purely a money saving objective with no consideration for local community. Set up with a review date of 5 years on, which has not been reached yet. It was stated at that time it would need at least 5 years to get an accurate assessment.	To keep things as they are, the numbers using this facility are steadily increasing. They are being made aware of its existence/purpose and confidence is building.	Stop trying to cut costs. NHS was set up for the people, for better care, not as a business. Deterioration of the Vale of Leven Hospital is one of the worst decisions. The only reason it is not safe is because you have made it so. New large housing estates are going to put even more pressure on already exhausted staff/full capacity RAH. Cut the salaries of the non-clinical businessmen round the table making these decisions, stop endless needless meetings, stop company cars which will save enough money to pay for existing

**APPENDIX 3**

Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
						services and even start re-introducing services at VOL. Centralising medical services in Glasgow is not the way to go.
Frances McCartney	1 Station Cottages, Aberfoyle FK8 3UW	Yes	No	Local hospitals are best. Women from deprived areas more in need of local facilities. Problem is downgrading of VOL in general rather than low take up of maternity unit.	That the Vale of Leven is upgraded. It's A&E dept reopened and restored to a full working hospital	
Paul McDonald	13 Levenbank Terrace Alexandria Dunbartonshire G83 9HB	Yes	No	Once again the travelling aspect for both patients and visitors has not been taken into account. The Glasgow area which includes the RAH has more than enough maternity units without robbing services from the VOL.	My proposal is to leave and enhance services at the VOL. As just a local inhabitant I do not have any evidence apart from a history of knowing what the VOL Hospital has meant to me and my family.	I sincerely hope that someone sees sense to halting the demise of such a great hospital as the VOL where local people have an extreme fondness on their own doorstep, not 20 miles away
Elaine McKendrick	8 Johnston Terrace Greenock PA16 8BD	Yes	No	I am concerned about the impact the distance expectant mothers and their families would need to travel to receive maternity care, especially in emergency situations. I fear that this will increase the death rates for babies in the Inverclyde area.	I propose that there should be a maternity unit based in Inverclyde as there has been up till now. Interested to see the statistics.	I am disappointed by the times of the consultation, as if you work you can't attend.
Ellen O'Hare	185 Pappert Estate Bonhill Dunbartonshire G83 9LG	Yes	No	In this 60 <sup>th</sup> year of the Health service, we should be keeping services local and available to all. I gave birth to my child at Vale of Leven and could wish for no better care. Mothers to be I have spoken to, who live locally would like their children to be born at the VOLH. I am aware of the financial spur to shut and transfer services over the bridge. The closure of the service would only impact on proposals to close further services at the Vale. The reasons are immoral and unjustified for any closures or transfer of services to Paisley. We	No, apart from the immorality and stupidity of the GGHB to even consider the proposals for transfer closure.	You make decisions which are wrong and no end of marches, emails will change your mind which was obviously already made up years ago to ease the financial deficit of GGHB so the Vale pays the price.

**APPENDIX 3**

<b>Name</b>	<b>Contact Details</b>	<b>Inform Me of Outcome</b>	<b>Agree</b>	<b>Reasons</b>	<b>Alternative Proposals</b>	<b>Other Comments</b>
				deliver a good service here in the VOLH. You are wrong to take any services away.		

**APPENDIX 3**

Name	Contact Details	Inform Me of Outcome	Agree	Reasons	Alternative Proposals	Other Comments
Myra Potter	1 Levanne Place, Gourrock PA19 1AX	Yes	No	A local service is vital for the locale. To maintain a local service in an area of high deprivation is vital from both a social and economic perspective. To travel from Inverclyde to Paisley is an awkward journey, expensive and difficult for both the expectant Mothers and their families.		This whole process feels like death by a thousand cuts and should be decided one way or another but taking into account the needs of the community along with the economic issues of spending the limited budgets of the NHS to achieve best value.
L Steele	16 Inellan Road Wemyss Bay PA18 6EF	Yes	No	I believe that removing maternity facilities at Inverclyde is putting both mother and newborns lives at risk. The distance is too far to receive adequate help when something goes wrong.	I believe that a better idea would be to close the maternity unit at RAH Paisley due to the proximity to Glasgow and the facilities available there, and move the consultant led maternity unit to Inverclyde Royal. I believe that this would be the best way forward for patients and staff to give and receive the best care available.	I think patient care should come first and I don't see how the best care can be offered in either paisley or Glasgow for the area of Inverclyde or surrounding.

**NHS GREATER GLASGOW AND CLYDE**

Summary of the comments received from the drop-in sessions held during the consultation on the Future of Maternity Services in the Clyde Area of NHS Greater Glasgow and Clyde.

**Clyde Maternity Consultation  
VoL Hospital, 1 April 2008 at 1400hrs**

Marnie	Mackay
Rose	Harvie
P	Trust
Mr & Mrs	Greig
Catherine &	Lynch

**Summary of issues**

Mixture of low risk and high risk users plus local activists/interested parties

- Concerns that Cardross Community Council think ladies from Argyll & Bute will be disadvantaged.
- Public not fully aware of what is available and we need to find better methods of raising awareness and promote unit.
- Misinformation in community and GPs about who can and cannot deliver at CMU.
- Concern that other maternity services delivered locally will be diminished in future.
- Travel to RAH for women and family a concern both in terms of distance in labour and cost to visitors.
- Concern over standards at RAH – clinical care, cleanliness etc.
- Request that more services/clinics etc are run in community venues e.g. Dumbarton H.C. rather than VoL.

**Clyde Maternity Consultation – IRH 1 April 2008 at 0930hrs to 1200hrs**

Gillian	Bower
Paula	Lindsay
Gillian	Roxburgh
Kirsten	McCluskey
Anne	Brown
Lynn	Spence

**Summary of issues**

Mixture of low risk and high risk women present.

- Continuity with midwives is a plus at present. This would diminish.
- Distance to travel to Paisley seen as an obstacle.
- Desire to have as many services locally as possible.
- Peer Pressure from friends and family, where Consultant managed care was seen as the norm, was putting women off CMU birth.

**Clyde Maternity Consultation  
Kidzworld, Alexandria, Wednesday 2 April 2008**

Emily	McQueen
Jean	McFarlane
George	McFarlane
Lynsey	Mitchell
Laura	Owens
Marie	Boyle
Sandra	Colrairie
Joan	McAtear
Maureen	Irvin
Jacqueline	O'Neil

**Summary of Issues**

Mixture of low risk and high risk users plus local activists/interested parties.

- Scepticism about consultation process and information NHS Board had presented in Review/Consultation document (under portrayal of births).
- Considered that birth rate will increase and this is short-sighted move.
- Concern over travel to RAH for such a deprived community, potential for babies to be born en route.
- Concern about maternity emergencies going to RAH. Should have consultant service locally.
- Concern raised about wide VoL issues – other services being withdrawn from local community.
- Bus service also under-utilised.
- Concerns about standards at RAH – cleanliness etc.
- Positive comments about individualised care at VoL CMU.

**Funworld, IRH 4 April 2008 - very busy more than 50 adults**

Amy Kirk  
Jan Donnachie

**Summary of issues**

Although the venue was very busy with families only 2 ladies attended the Drop-In session but both had given careful consideration to the issues.

- Concerned that other services – not just maternity services – would be removed from IRH in future.
- Concerned about social and economic regeneration of local area of services removed. One lady felt compelled to use local services.
- Lack of confidence of community ‘downgraded’ service seen as preventing women from giving birth in CMU.

**VoL CMU 7 May 2008**

Fiona McQueen  
Craig Your radio  
Nicola Porciani

**Summary of Issues**

- Lack of clear understanding in community and by GPs of who can and cannot have baby at VoL and that GG&C need to find better ways to make this widely known.
- Concern about capacity at RAH.
- Scepticism about consultation process – has decision already been made.
- Very positive about standard of care at CMU and continuity with midwifery team – concerned at loss of this.
- Transport and concern about delivering en route to RAH.
- Issue of local regeneration and concern about this and potentially other services being removed from VoL.
- Enquiries about midwives maintaining all the range of skills.

**IRH CMU 7 May 2008**

Rene Hegarty  
Donna Scott  
Angela Cairns  
Lynne Hendry  
Sandra Cameron  
Allison Kelly  
Sara Goss  
Joanne Rees

**Summary of issues raised**

- Distance to travel to RAH for women in labour and also for visitors was seen as a problem. Safety for woman and baby was a concern (despite fact that 90% pregnant women in the area currently travelling).
- Not having continuity with midwifery team was seen as a negative point.
- A number of women who attended were actually high risk and were booked for CLU delivery but raised concerns that other maternity services would be withdrawn from Inverclyde in the future.
- Concern raised that RAH could not cope with increased volume (even although this was relatively small).
- Peer pressure preventing women booking for CMU.
- Several women raised the point that there was not absolute clarity in the community about what services were available at CMU and we needed to find ways of making this more explicit.

**IRH 21 May 2008**

Margaret	Doak
Barbara	Nicol
Julie	Murray
Emma	Service
Kelly	Millar
Justine	Hipkin
Debbie	McCafferty
Elizabeth	Robertson
Robert	Robertson

### **Summary of issues**

Mixture of low risk and high risk users and interested parties.

- Concern about losing a local service.
- Requesting return of consultant led services.
- Very positive comments on standard of CMU service and continuity of care – concern this will diminish.
- More time needed for public to gain confidence in CMU service.
- Economic regeneration of local area could be adversely effected by removal of service.
- Potential increase in home births if CMU birthing service removed.
- Qualitative issues as important as quantitative.
- Infant mortality rate discussed and are a concern.
- Inflexibility of CLU services e.g. restricted visiting.

**VoL 21 May 2008**

Karen-anne Masson  
Amanda Lewis  
Suzanne Roger

**Summary of issues**

- Lack of clarity in community and GPs about service available at CMU and need for GG&C to find better ways to inform public and GPs.
- Concern that RAH can cope with additional workload.
- Positive comments about CMU care and philosophy.
- Concern about job losses.
- Transport to RAH a concern and the anxiety this creates for pregnant women.
- Would we have sufficient staff to cope with potential increase in home births.

**NHS GREATER GLASGOW AND CLYDE**

Summary of the comments received at the Public Meetings held during the consultation on the Future of Maternity Services in the Clyde Area of NHS Greater Glasgow and Clyde.

**Proposed Changes to Clyde Maternity Services  
Public Meeting, Dumbarton Football Club, Wednesday 4<sup>th</sup> June 2008**

**Summary of Main Issues Raised/Points Put Forward**

Access to Royal Alexandra Hospital for Birthing Services

- Royal Alexandra Hospital is 'overrun' and cannot cope with additional workload
- Travel to the RAH is of great concern to new mothers in particular – they may leave it too late to travel and may not get the care they need
- The journey time to the RAH will also mitigate against efforts to encourage breast-feeding, if that is the distance mothers will have to travel for assistance
- Personal experience of problems following a surgical procedure and having to travel in agony from Balloch to Paisley and unable to get treatment or anaesthetic until arrival
- Gridlock on the M8 would prevent mothers getting to the RAH on time
- Access to Paisley can be blocked by a single accident at Milton
- When the new Southern General is built, the maternity at the RAH will be closed
- What assessment has been done regarding ambulance journey times between the Roseneath Peninsula and Paisley?

Status of Vale of Leven Site

- It is our maternity unit and we want to keep it open
- The issue are not just about Maternity Services but all services at the Vale of Leven
- New housing and population increases will be placed in jeopardy if they perceive West Dunbartonshire does not have good health services
- Women are being told the CMU will close in November 2008

NHSGGC's Conduct of Consultation

- The people have already spoken at a 'massive demonstration' – there are few attending the meeting as they do not trust or believe NHSGGC
- The consultation is a sham – the venue for the meeting is inaccessible for disabled people and can't be reached by public transport
- The local view is that NHSGGC will not listen to communities
- The only option taken seriously by NHSGGC is centralisation
- NHSGGC has made its mind up to close the CMU

Financial Position

- The Health Minister had not intended NHSGGC to maintain separate Clyde and Greater Glasgow budgets – the economies of scale should prevent only Clyde suffering all the cuts

- The proposals are based solely on financial issues
- It is 'bizarre' that £800 million is to be channelled into the new Southern General Hospital and that this will 'suck out' capital from all other services

### Configuration of Maternity Services

- Demand a return to consultant-led services at the Vale of Leven – services back the way they were – we all pay taxes; we are the people who pay for the services
- NHSGGC has to look at alternative options to maintain on-call services – such as new rotas for doctors
- The EGAMS criteria (determining if mothers are sufficiently fit or risk-free to give birth in CMUs) should be relaxed
- NHSGGC must take action to improve the health of the local population and reduce poverty so that more women can give birth in local units
- NHSGGC should accept the Independent Scrutiny Panel's recommendations in full
- Some of the Independent Scrutiny Panel's recommendations were simply put to one side and ignored
- Mothers will not use the Vale of Leven CMU because of risk (as there is no consultant cover)
- There is no evidence that birth levels will necessarily increase or decrease – there is a need to continue to run the birthing suites over a fair timescale
- The Independent Scrutiny Panel wanted NHSGGC to take time to promote the service
- Why is the Vale of Leven CMU different from other units across the country, which appear to work very well?
- Wanted to give birth at the Vale of Leven but was referred to the Queen Mother's Hospital for clinical reasons – not a good experience, the hospital was far too busy. Would have preferred to be back at the CMU and be able to return home much quicker
- One reason for the lack of use of the CMU is the failure to promote post-natal transfer to the site
- Staff at the CMU have done everything asked of them and have tried to 'fight against' local GPs who tell mothers that they cannot have the first baby at the vale of Leven
- There are continuity of care issues - mothers would prefer to stay with local midwives before during and after birth
- Information about birthing choices is not getting through to the public
- It would be possible to stream mothers from the Clydebank area to the vale of Leven in order to increase birth numbers

**Proposed Clyde Maternity Services  
Public Meeting, Victoria Hall, Helensburgh, Wednesday 18<sup>th</sup> June 2008**

**Summary of Main Issues Raised/Points Put Forward**

**Access to Royal Alexandra Hospital for Birthing Services**

- Any midwives transferred to the Royal Alexandra Hospital as part of the proposals would be disadvantaged due to increased travel times
- Staff have indicated doubt that the RAH could cope with the additional numbers of births onsite
- The Scottish Ambulance Service have problems in transporting mothers from outlying locations, such as Arrochar
- In winter conditions and poor weather, access to the RAH is problematic, particularly as a result of closures of the Erskine Bridge
- Local communities have no affinity with Paisley – they would prefer alternative access to services in Glasgow (Golden Jubilee National Hospital, Gartnavel and Western Infirmary are all preferable to the RAH) – not offering this means there is no real patient choice
- Service user has specified RAH as second choice for giving birth rather than Glasgow due to the consultant presence and the fact that more pre-natal scans are offered in Clyde

**Status of Vale of Leven Site**

- NHSGGC has failed to make any clear statement about the future of the VoL Hospital
- It is 'known' that the intention of NHSGGC is to close the VoL Hospital and sell it on as a construction site
- The VoL site looks 'tatty' and NHSGGC would do its credibility a great deal of could in bringing forward investment in the hospital
- There is no vision for the future of the VoL Hospital

**NHSGGC's Conduct of Consultation**

- The public meeting was insufficiently publicised
- The local community feels 'beaten' and 'consulted out'
- NHSGGC is not listening
- The views of local communities were made clear in September 2007 when '18,000' people turned out to protest against changes to services at the VoL Hospital - it was quite clear then than people wanted birthing services to be maintained
- NHSGGC is running separate consultations (Mental Health, Maternity and, in future, Unscheduled medical Care) in order to run down the VoL Hospital on a piecemeal basis
- The consultation is a waste of time: NHSGGC made up its mind 'years ago'
- NHSGGC has no local credibility

## Financial Position

- Why did NHSGGC take on Clyde's debts?
- The proposals are driven solely by finance, not the health needs of the community

## Configuration of Maternity Services

- The situation has arisen because of the ongoing 'salami slicing' of services at the VoL Hospital – births have fallen at the site because of the withdrawal of full consultant-led services
- Lack of provision of consultant-led services at the VoL puts pressure on young mothers to give birth elsewhere
- NHSGGC has failed to give satisfactory consideration to the Independent Scrutiny Panel's proposal that birthing services at Community Maternity Units be maintained for a number of years to determine if usage rates can be increased – it will take at least 5 – 10 years to 'market' services and build up mothers' confidence in their use
- NHSGGC is obliged to provide services where it is medically safe to do so – where it is not, nearby alternatives must be provided
- There has been no change to NHSGGC's maternity services plans for Greater Glasgow to adjust to the inherited situation and services in Clyde – local communities are being asked to travel further to fit in with the pre-existing strategy
- How much of an 'embarrassment' was the VoL Hospital to NHSGGC's plans to create 'centralised super-hospitals?'
- The arguments about staff training and retention issues have been heard before but are not a satisfactory answer to the local community

**Proposed Changes to Clyde Maternity Services  
Public Meeting, James Watt College Waterfront Campus, Greenock,  
Tuesday 10<sup>th</sup> June 2008**

**Summary of Main Issues Raised/Points Put Forward**

Access to Royal Alexandra Hospital for Birthing Services

- The distance to Paisley is a real barrier to local mothers
- Mothers will be forced to be cared for outside their own area by staff they do not know
- Experience of RAH Maternity Services has been poor
- Rush hour traffic makes access to Paisley difficult
- Given the relative proximity of the Southern General maternity and the RAH, it would make more sense to transfer consultant-led services to the IRH and ask some Renfrewshire mothers to travel to Greenock
- How can single mothers who don't drive be expected to travel to and from Paisley?

Status of Inverclyde Royal Hospital CMU

- Cannot see how removing services from the area would help deal with severe, complex and high levels of deprivation or help to encourage a sustainable population
- There is an issue of attrition – if birthing goes, this will impact on ante and post-natal care as mothers choose other locations to ensure continuity of care
- Removal of consultant cover at the CMUs left the impression that they are 'second best' – there is therefore no surprise that birth rates have fallen – but at IRH there has been a 25% increase in the last year
- NHSGGC has a 'duty' to promote the IRH CMU and overcome negative local media reports

NHSGGC's Conduct of Consultation

- How much credence will NHSGGC give to the consultation? – it simply ignored the Independent Scrutiny Panel's report
- No-one has spoken to the seven Obstetricians in the area about these proposals

Financial Position

- The proposals are all about money and nothing to do with mothers' choices

Configuration of Maternity Services

- Statistics suggest there was a rise in still births in the area – was this linked to the move away from consultant-led services?
- Inverclyde has offered anomaly scans to mothers for 18 years, although Glasgow hospitals still do not

- The six CMUs run by NHS Highland deliver just a 'few more' births than the IRH CMU – there is in fact significant investment proposed for the Dunoon CMU
- The revamped Broadford CMU in Skye has experienced a trebling in births – but was regarded as viable with even the lower level of births
- 40% of mothers have indicated that they would prefer to give birth locally – this is justification for the return of Consultant-led services
- NHS Argyll and Clyde 'threw away' maternity services 'overnight' through their actions
- Every government in power over the last 20 years has spoken about improving patient choice – this choice is being taken away

**NHS GREATER GLASGOW AND CLYDE**

Activity levels proposed for a sustainable Community Maternity Unit in the Clyde Area of NHS Greater Glasgow and Clyde.

**Activity levels proposed for a sustainable CMU**

When Community Maternity Units were established at VoL, RAH and IRH following the Argyll and Clyde Maternity Services Review of 2003, it was proposed that they would provide the majority of the care for the local population so that it is easily accessible and tailored to meet individual needs. It was anticipated that initially approximately 25% of pregnant women would deliver in the CMU birthing unit. This was based on overall statistics from existing units in Scotland.

The Service Review of 2003 undertook detailed work in relation to the projected number of births anticipated within the CMUs. Based on average births each year from 1999 – 2002, it was anticipated the CMUs would initially have up to the following number of deliveries:

RAH	514
IRH	240
VOL	211

It was anticipated that as the CMUs became more popular as the choice for women that activity levels at RAH would decrease. Therefore, projected CMU births for 2008-2009 were:

RAH	462
IR	216
VOL	190

In terms of the implementation of that Review it was clearly stated that 25% of women giving birth in the CMUs should be the initial target but the aspiration should be for a substantially higher level.