

Greater Glasgow & Clyde Health Board

Board Meeting

Tuesday 26 June 2012

Board Paper No. 12/29

**Director of Corporate Planning and Policy
Chief Operating Officer Acute Division**

Delivery Services at Inverclyde Royal Hospital

Recommendation:

The Board agrees to establish a further period of formal public consultation on the future of the delivery service within the Inverclyde CMU.

1. Background

1.1. Review by Argyll and Clyde

In 2003 NHS Argyll and Clyde undertook a major review of maternity services which concluded that the consultant delivery service at the Inverclyde Royal Hospital (IRH) was not sustainable and that the service should be developed as a Community Midwifery Unit (CMU) providing antenatal and postnatal care and delivery for women not requiring a consultant unit. The Board decided that women requiring consultant care would be delivered in Paisley or Glasgow.

1.2. NHS Greater Glasgow and Clyde Review of Pre-Engagement

In 2006 NHS Greater Glasgow took responsibility for the population of the Clyde area, becoming NHS Greater Glasgow and Clyde and initiated a number of service reviews. The review of the services within the CMU included:-

- A multi disciplinary steering group with membership from service users.
- A public meeting including a wide range of interests to agree the approach to public engagement.
- Public engagement meetings which were highly publicised with particular targeting of new mothers and women of child-bearing age.
- Feedback from these sessions was shared through a newsletter which also invited recipients to get in touch to contribute to the process.
- Public engagement meetings on the options under consideration.
- A full option appraisal process which included service users.

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The option appraisal concluded that the delivery service was not viable and that women from Inverclyde should access a midwifery delivery service co-located with a consultant unit in Paisley of Glasgow.

The outcome of this engagement was reported to the Board in June 2007 with the requirement from the Cabinet Secretary that there should be Independent Scrutiny before the Board undertook formal public consultation.

1.3. Independent Scrutiny

The Independent Scrutiny Panel (ISP) concluded that the Board should consult on an option to retain the delivery service for three years. In considering this advice in December 2007 the Board concluded that we should proceed to public consultation with our preferred option of closing the delivery service but that we would include in the consultation material the conclusions of the ISP. The Board also agreed that during the consultation process there would be an audit of the views of mothers who had recently delivered on their choice of place.

1.4. Public Consultation

Public consultation was launched in late March 2008 with the preferred option to close the delivery service but including the conclusions of the ISP. A detailed consultation document outlining the case for change was widely circulated. User friendly material was issued through our website and sent to a wide range of stakeholders. The consultation was widely advertised in the local press. A formal public meeting was held in Greenock and four informal drop-in sessions were held for local women.

A recurring theme of the consultation was that the CMU delivery service had not had time to be understood by local women and that with more time the service would attract more deliveries. On the basis of the consultation the Board agree at its August 2008 meeting to retain the Unit for the next three years during which steps would be taken to positively publicise the service.

This paper reports on the outcome of the three year pause.

2. Marketing Activity and Impact

The programme of marketing activity had three strands:-

- Posters and leaflets highlighting the service were widely distributed across the Inverclyde area.
- A number of positive news stories about the service were promoted.
- Special promotional web pages were established and publicised including filmed testimonials from patients and staff.

In addition, and in line with the advice of the Independent Scrutiny Panel, we undertook work to try to understand the reasons why women chose not to deliver in the CMU service. Initially we tried to achieve this by establishing focus groups for women who had recently given birth but we did not find women willing to participate. The Community Engagement Team therefore engaged mothers informally through community groups aimed at young mothers. They found that women were aware of the CMU and that the prevailing reasons for delivering outside Inverclyde were the availability of consultant support and paediatric back up. These reasons for opting out of the local service cannot be addressed by further marketing and awareness-raising.

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The clear conclusion is that the overwhelming majority of women prefer delivery in consultant led services. There is also a significant group of women who require delivery in a consultant led service for clinical reasons. There is now quite clearly no evidence to support the conclusion that the use of the delivery service is low due to lack of awareness or knowledge of the service. Women are actively choosing to deliver at a consultant unit.

3. Impact of This Change

Women living in the Inverclyde Council area have delivered over the last three years as shown below:-

Births to Inverclyde Council residents

BIRTHS	2009	2010	2011
IRH	118	75	66
Total Inverclyde births	821	811	793

If the delivery service closes the impact will be that around 70 women, just over one per week, will travel to Paisley or Glasgow for delivery, with an average length of stay of less than 2 days, before being discharged to the care of the community midwifery service in Inverclyde

No changes are proposed to the antenatal and post natal services within the CMU. Nearly 5000 antenatal appointments will continue to be delivered by the CMU midwives and the consultant and scan clinics at the CMU will continue to offer around 5000 appointments. The early pregnancy service will continue to be available as will obstetric day care and the postnatal community service.

4. Conclusion

The Board agreed to defer the closure of the delivery service for a further three years to undertake activity to aim to increase the number of deliveries. That effort has not been successful; deliveries have declined by a further 45% over the last three years.

We are aware of the local concerns about change to this service from the extensive previous engagement and although there has already been formal public consultation it is proposed that we update and reissue the material on which we consulted in 2008 for a further period of formal consultation, including a public meeting and stakeholder engagement before the Board makes a decision. The update would include describing the way in which we delivered the commitment made to try to market the service and would again highlight the key financial and service issues including the high percentage of women transferred in established labour.