

**HAMPSHIRE COUNTY COUNCIL**

**Report**

**Committee:** Health Overview and Scrutiny Committee

**Date of meeting:** 26 July 2011

**Report Title:** Inquiries Received and Action Taken

**Report From:** Chief Executive

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**1. Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINKs) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.

- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

**Table One: Inquiries Received and Action Taken**

Topic/inquiry	Source	Action Taken	Comment
<p>Closure of Inpatient beds at Andover Birth Centre.</p>	<p>WEHT</p>	<p>WEHT will provide members with an overview of the additional engagement with local people and the options that have been developed as a result of this. The papers supporting this work, and the next steps proposed are attached at Appendix One (page 6).</p>	
<p><b>Recommendations:</b></p> <p>1) Members confirm:</p> <ol style="list-style-type: none"> <li>1) If they are satisfied with the content and period of consultation proposed by the Trust</li> <li>2) Any additional information required to inform the committee</li> </ol> <p>2)The Trust confirms when it will be in a position to report back on the outcome of the consultation process.</p>			
<p>Notice to withdraw Inpatient beds at Odiham Cottage Hospital.</p>	<p>NHS Hampshire</p>	<p>The issues raised by the HOSC with NESH are attached at Appendices Two (page 57 ) &amp; Three (page 60) respectively. The feedback from the evaluation of clinical safety by NHS South Central and Calleva is attached at Appendix Four (page 63).</p>	
<p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Members agree any additional information required</li> <li>• Calleva presents details of the ‘hybrid’ option and supporting business case at the September HOSC.</li> </ul>			

Topic/inquiry	Source	Action Taken	Comment
East Hampshire Community Hospitals	HOSC Chairman and elected members	An up date on progress with this work, including engagement with key local stakeholders is attached at Appendix Five (page 71)	Cllr Carew is the link local member for this work.
<b>Recommendation:</b> NHS Hampshire considers any further action requested by Members.			
Support for people who are terminally ill.	PHT	Further to the closure of a dedicated end of life ward at PHT last year the Trust will attend to update members on progress with the roll out of the programme to ensure this care is provided to all who need it across the Trust. The presentation from the Trust is attached at Appendix Six (page 80)	Members previously requested specific feedback in relation to patient/family satisfaction with the service and support for staff.
<p><b>Recommendations:</b> Members confirm:</p> <ol style="list-style-type: none"> <li>1. any additional engagement and involvement activities should be considered by the Trust</li> <li>2. WEHT provides a detailed report on the next steps in relation to consultation on the future provision of midwife led inpatient beds at Andover in July 2011.</li> </ol>			
Proposed closure of Locks Road Surgery.	NHS Hampshire	An update on progress with this work is attached at Appendix Seven (page 86)	Cllr Keith Evans is the link local member for this work.
<b>Recommendation:</b> the update is noted.			

Topic/inquiry	Source	Action Taken	Comment
'Fitness for Surgery' initiative	NHSH	A short report outlining the 'fitness for surgery' initiative introduced in south east Hampshire is included at Appendix Eight (page 87) for information.	
<b>Recommendation:</b> NHSH provides any further information requested by Members			
NHS Hampshire Hampshire Adult Services-continuing care services	HOSC Chairman	The review follows up concerns flagged by the HOSC previously in relation to delays by NHSH in referring patients to continuing care services.	Members flagged the need for more joint working and ease of access to fast track referrals as areas to be addressed.
<b>Recommendation:</b> Members note the information provided			

Section 100 D – Local Government Act 1972 – background papers

The following documents disclose facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of this report.

NB the list excludes:

1. Published works
2. Documents that disclose exempt or confidential information as defined in the Act.

## Appendix One: WEHT – Andover Birth Centre

### Developing sustainable midwife-led birth services for women living in and around Andover

#### 1.0 Introduction

1.1 Winchester and Eastleigh Healthcare NHS Trust (WEHCT) is committed to delivering maternity services that meet the needs of its population, provide maternity choice and help women make informed choices throughout pregnancy and childbirth, in line with national standards and policy as reflected in Hampshire maternity commissioning plans.

1.2 National policy is to normalise childbirth, while minimising any risks to mother and baby, by:

- 1 offering women a choice of location for antenatal support and the birth of their baby, subject to any identified clinical needs;
- 2 enabling births to occur as close to home as is safe and sensible (identical 'safe and suitable' criteria apply to home births and births in a midwife led unit); and
- 3 keeping length of stay to an absolute minimum for mothers who need to be in a hospital setting.

1.3 National recommendations<sup>(1)</sup> include a minimum number of births for a sustainable obstetrician-led service as well as an appropriate number of midwives for the number of births occurring in order to maintain their professional competence and ensure clinical safety.

1.4 These policies and standards require WEHCT to offer, among other things:

- 1 options of home birth, midwife-led birth and obstetric-led birth;
- 2 local antenatal and postnatal sessions, including clinics and consultant appointments where appropriate;
- 3 specialist services for complex cases and for vulnerable women;
- 4 pregnancy and postnatal support (including parentcraft, triage, labour assessment and breastfeeding support groups); and
- 5 services which will be affordable for the long term.

1.5 This paper considers how WEHCT can offer inpatient midwife-led birth services to women living in and around Andover in ways that are safe, equitable, sustainable and affordable.

## **2.0 The current service model**

2.1 The majority of births to women living in mid-Hampshire take place in the maternity unit at the Royal Hampshire County Hospital (RHCH) in Winchester which offers both midwife-led birth and obstetric-led births. Six per cent are home births, giving the Winchester area the highest rate of home births in Hampshire.

2.2 Most all of the remaining births have been midwife-led births at Andover Birth Centre (ABC), a five-bedded midwife-led unit at Andover War Memorial Hospital for low risk deliveries.

2.3 This is the only stand-alone midwife-led birth centre provided by WEHCT for its catchment population. It provides a wide range of ante and postnatal services including daily antenatal clinics, screening, antenatal triage and assessment, labour assessment, postnatal clinics, and parentcraft options including hypno-birthing and baby massage.

2.4 Women from Winchester, Eastleigh and Chandlers Ford need to attend the main maternity unit at the RHCH to access these services.

2.5 Maternity service statistics for births to mothers living in and around Andover show that in an average year:

- 22 births\* (3 per cent) took place at home;
- 220 births\* (29 per cent) took place in Andover Birth Centre; and
- 518 births\* (68 per cent) took place at the RHCH.

These figures relate to mothers living in the Andover Practice-Based Locality which covers Andover Health Centre Medical Practice, Charlton Hill Surgery, The Adelaide Centre, Shepherd Spring Medical Centre, St Mary's Surgery and Derrydown Clinic. The figures are based on the four years from 2005/6 to 2008/9; births in 2009/10 have been excluded when calculating the average as the temporary suspension of services in Andover during that time would marginally skew the figures in favour of the RHCH.

## **3.0 The issues affecting Andover Birth Centre**

3.1 Three issues affect Andover Birth Centre's current and future sustainability:

- the low number of births there (and hence its clinical viability);
- staffing levels and pressures; and
- its affordability in the context of NHS financial pressures.

### *3.2 Number of births*

3.2.1 The number of women who have their babies at Andover Birth Centre has been relatively unchanged at around four per week for many years, and long before the current uncertainty about its future. On average six women per week booked to give birth there but two were then transferred for clinical reasons to the RHCH.

3.2.2 Considerable efforts have been made to promote the Centre to local women and GPs in the area, including a well-attended open day in 2010. These initiatives have

not led to any upsurge in demand for midwife-led births at the Centre although it remains well-used for all other aspects of maternity care.

3.2.3 The Birthrate Plus consultancy advises that 400 births a year are the minimum to justify full midwife cover 24 hours a day 7 days a week, whether in a hospital unit or a birth centre <sup>(2)</sup>. Andover Birth Centre would need to almost double its workload to date using the current service model.

3.2.4 Although the most recent County Council forecasts indicate some growth in the population of Andover between 2010 and 2016, the number of births to women living in the northern Test Valley is levelling off and no significant increase is anticipated.

### 3.3 *Staffing levels and pressures*

3.3.1 WEHCT has been relatively successful at recruiting midwives. It currently employs 94 midwives (whole time equivalent) across its maternity services against an agreed establishment of 97 and is actively recruiting to fill current vacancies.

3.3.2 The maternity service is nevertheless vulnerable to sickness absence. During times of sickness the priority for WEHCT is to protect staffing levels at its main RHCH unit which deals with the majority of births across the area, including most high-risk births.

3.3.3 Recent sickness absence among midwives has exceeded 10 per cent, reducing and at times removing the service's capacity to respond flexibly to workload pressures and/or staffing gaps by moving staff between locations

3.3.4 This loss of flexibility can lead to less choice for women about where to have their baby, especially in Andover where long term sickness absence has been a particular issue.

3.3.5 It has been extremely difficult for WEHCT to guarantee the availability of two experienced midwives at Andover Birth Centre given the low number of inpatient births there (WEHCT has chosen to have two midwives for a birth there as evidence indicates that having a single midwife can result in poorer patient outcomes in the event of difficulties).

3.3.6 The need to guarantee patient safety for all mothers and babies led WEHCT to suspend inpatient births at Andover Birth Centre in December 2009 as it could not be staffed to safe levels. Ante-natal and post natal clinics were still provided there and home births in the area continued as usual.

3.3.7 The unit re-opened for births in April 2010 using a revised service model, developed to reflect the low number of births there, which redeployed midwives to the RHCH when there were no women in labour at the Birth Centre.

3.3.8 Unfortunately this revised model proved neither safe nor sustainable.

Redeployed staff could not be used efficiently at the RHCH as they might need to return at short notice to Andover if a client went into labour, whilst some women would still turn up at the Birth Centre expecting it to be open at all times. The revised model was unsatisfactory for all parties and the previous service model was therefore reinstated after a short time.

3.3.9 Further long-term staff absences across the midwifery service (including Andover) and other staffing pressures led to inpatient births at the Birth Centre being suspended again in September 2010. They remain suspended to date, although the Birth Centre's comprehensive range of ante-and post-natal clinics and related services continues to be used by some 140 women a week. Home births have continued throughout the suspension period.

#### 3.4 *Affordability*

3.4.1 WEHCT has a savings target of £9.4 million in 2011-12. There is no money available to invest in expanding or developing services; the Trust must rather seek to reduce costs across the range of its services, including maternity services. WEHCT therefore needs to look carefully at the costs of every element of its services and determine whether they offer best value for money.

3.4.2 An initial analysis conducted by management consultancy Healthworks showed that the cost per birth at Andover Birth Centre was substantially higher than the cost of a birth at the RHCH despite the Andover births being low risk whilst the RHCH figures include all of the (relatively expensive) high risk deliveries and caesarean sections.

3.4.3 Based on updated 2009/10 NHS reference costs, the relative costs per normal birth of each birth choice are:

- home birth £1,218
- birth at the RHCH £1,873
- birth at Andover Birth Centre £2,389

3.4.4 The additional cost per birth at Andover Birth Centre – 27.5 per cent more than a birth at the RHCH and 96 per cent higher than a home birth - is a matter of great concern to WEHCT and is increasingly hard to justify at a time when difficult decisions must be taken about services across the board.

### **4.0 Models of care across north and mid Hampshire**

4.1 Basingstoke and North Hampshire NHS Foundation Trust (BNHFT) uses a model of service for low-risk women centred on home births and a recently upgraded midwife-led birth unit located alongside the obstetric-led service at Basingstoke and North Hampshire Hospital.

4.2 It has not supported the idea of referring women from its catchment area to Andover Birth Centre, and its proposed acquisition of WEHCT is not expected to change this position in the short to medium term.

4.3 However local commissioners are expecting clinicians in the new organisation to review service models across all clinical specialties, including maternity. This may lead to alternative models of service, including different staffing models, being developed in order to bring about long term sustainability in line with service models across the county.

## **5.0 Developing options for the way forward**

5.1 Relocating midwife-led inpatient births from Andover Birth Centre to the RHCH would allow WEHCT to use its midwives more flexibly and release up to £150,000 a year through workforce re-design for re-investment in maternity services.

5.2 This increase in flexibility and available finance would allow WEHCT to extend the choices available to women by introducing a Domino model of care (the Domino model is one in which a community midwife attends a woman at home when she goes into labour, accompanies her into hospital, delivers the baby and then returns home with mother and baby, typically two to four hours after the birth).

5.3 The RHCH is currently creating two additional rooms for midwife-led births, including one with an additional birthing pool, as part of a wider redevelopment of part of its maternity unit. When these rooms open towards the end of 2011 they will double the hospital's capacity to offer midwife-led inpatient births in a homely environment.

5.4 Extra flexibility around the use of staff would also help WEHCT deliver an extended community midwifery service, of the type provided from Andover Birth Centre, to women in other areas covered by the Trust. Suitable locations for additional community clinics are being sought in Winchester, Eastleigh and Chandlers Ford.

5.5 The midwifery service has examined four options in relation to midwife-led inpatient births for women living in and around Andover: All of them would need to follow national best practice in aiming for the minimum possible time to be spent in hospital after birth.

### *5.5.1 Option 1 – maintain the existing service model*

Maintain inpatient midwife-led birth services at Andover Birth Centre as well as at the RHCH, using two midwives per birth. *Cost per birth £2,389 (ABC) and £1,873 (RHCH).*

### *5.5.2 Option 2 – create a single centre at the RHCH*

All inpatient midwife-led births take place at the RHCH using the existing service model. Andover Birth Centre closes for inpatient births but maintains all other

maternity services provided through the Centre, including ante-natal and post-natal clinics. *Cost per birth £1,873.*

*5.5.3 Option 3 – existing RHCH services plus RHCH-based Domino service*

All women who choose the RHCH could use either its existing midwife-led service or book a Domino service there. The inpatient beds at Andover Birth Centre would close but other maternity services such as ante-natal and post-natal clinics remain open there. *Cost per birth £1,873 (current RHCH service) or £1,264 (Domino service).*

*5.5.4 Option 4 – existing RHCH services plus Domino service at RHCH and Andover Birth Centre*

As for option 3 but women could choose from Domino services at Andover Birth Centre or the RHCH. Andover Birth Centre would need to be opened up by the midwife for each birth and there would be no post-natal stay beyond the standard two to four hours. *Cost per birth £1,873 (current RHCH service), £1,483 (ABC Domino service) or £1,264 (RHCH Domino service).*

## **6.0 Meeting needs and wishes**

6.1 WEHCT is keen that any new model of midwife-led inpatient care should as far as possible reflect local women's wishes and aspiration as well as meet their clinical need.

6.2 The Trust undertook extensive engagement in November and December 2010 to explore local attitudes and wishes in relation to birth choices in general and Andover Birth Centre in particular. Details are given in Annexe A.

6.3 This six week programme of active engagement attracted 816 responses. These indicated that:

- safety is the most important factor when choosing a place of birth and is ranked higher than distance to travel;
- most women want a midwife-led birthing experience, preferably in a small and friendly birthing centre to make it a more personal experience;
- there is a slight preference for a standalone birth centre, closely followed by a preference for a centre on the same site as the consultant unit; and
- women do not want to travel more than 15 miles to a birth centre and most do not want to travel more than 10 miles.

6.4 These findings were confirmed in an online survey which attracted more than 350 responses. Respondents cited safety as the most important factor in choosing where to have a baby. The second most important factor was 'feeling comfortable and confident', followed closely by 'midwife-led care'. Distance to travel was the fourth most important factor.

6.5 The engagement programme also found that 35 per cent of women expressed a positive attitude towards home birth.

6.6 Whilst this type of birth experience is only suitable for low risk mothers, it is reasonable to assume that there is scope to increase the number of home births in the area covered by WEHCT beyond its current 6 per cent (already the highest in Hampshire) and certainly beyond the current 3 per cent among women living in and around Andover.

6.7 WEHCT's engagement programme included discussions with the two Maternity Services Liaison Committees, Local Involvement Network (LINK), National Childbirth Trust, HOSC and other stakeholder organisations. These discussions confirmed the widespread support for the work of Andover Birth Centre and the need to offer all women the option of a midwife-led birth, but recognised that services must be sustainable.

6.8 A further round of engagement took place during June and early July 2011 to explore the views of local people about the four options outlined above.

6.9 There was clear support for the option of a midwife-led Domino birth across all localities, with 93% of participants saying they would consider it.

6.10 The preferred location depended on where the participant lived. There was a strong preference in the Andover locality for Domino into Andover Birth Centre, and a strong preference in Winchester for Domino into the Royal Hampshire County Hospital. People in Eastleigh and Overton were less concerned about location.

6.11 Options 3 and 4, which are based around existing RHCH services plus a Domino service at either the RHCH or the AHCH and ABC, each had strong support. Options 1 and 2 did not score highly with any of the people consulted.

6.12 A report on these discussions is included as Annexe B.

## **7.0 Next steps / consultations**

7.1 WEHCT has convened a panel to assess and score the four options against a range of criteria covering clinical quality, safety and environment; compliance with national and local policy; access, equity and choice; workforce and sustainability. The panel will also consider the financial implications of each model.

7.2 The panel includes representatives from the Royal College of Midwives, Maternity Services Liaison Committee, Local Involvement Network, service users and primary care as well as WEHCT and NHS Hampshire. It is meeting on 18 July to conduct its appraisal; the outcome and a preferred option will be presented to HOSC on 26 July.

7.3 An updated version of this paper (amended to include the outcome of the options appraisal) will be presented to WEHCT Trust Board on 27 July for formal ratification of the Trust's preferred option.

7.4 A paper will be presented to the SHIP Board of Clinical Commissioners on 20 July and to the SHIP PCT Cluster Board on 21 July. WEHCT proposes to add the views expressed at these meetings to comments it expects to receive during formal consultation about the outcome of the options appraisal.

7.5 Annexe C to this paper explains our proposed approach to formal consultation across the WEHCT catchment area. This would build on the extensive engagement work done to date.

7.6 WEHCT is proposing to consult from 1 September 2011 until 31 October 2011. The results would then be analysed, and a final report and recommendation submitted to HOSC, the SHIP PCT Cluster Board and the WEHCT Trust Board in late November 2011.

7.7 The current suspension of inpatient midwife-led births at Andover Birth Centre will remain in place until the future of the service has been agreed.

## **8.0 Recommendation**

8.1 HOSC is invited to:

- a) comment on the options appraisal and the preferred option recommended by the appraisal panel;
- b) support the proposed consultation plan and timetable, and suggest any further consultation it believes would be appropriate; and
- c) note the continuing suspension of inpatient midwife-led births at Andover Birth Centre until a final decision has been made about the future of the service.

**Dr Chris Gordon, Acting Chief Executive, Winchester and Eastleigh Healthcare NHS Trust, 15 July 2011**

## **Annexes**

- Annexe A. ABC engagement programme report  
Annexe B Report of findings from service user discussion groups  
Annexe C Proposals for formal consultation

## **References**

<sup>(1)</sup> Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour: Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Anaesthetists, Royal College of Paediatrics and Child Health, October 2007

<sup>(2)</sup> Models of Care for Maternity Birthing Centres – a report prepared for Portsmouth Hospitals NHS Trust: Anne Jackson-Baker OBE, June 2007

## **Annexe A**

### **Andover Birth Centre Engagement Summary February 2011**

#### **1. Introduction**

Winchester and Eastleigh Healthcare Trust (WEHCT) wanted to understand why women in the Andover area were choosing to have their babies at Winchester or at home rather than at the birth centre in Andover. The Trust also sought to find out why women in other areas were not choosing the Andover Birth Centre (ABC) as a birthing option. This was in spite of a raised public profile following a well-attended open day and positive publicity about babies born at the ABC.

A six-week period of engagement took place in November and December 2010 with service users to understand why women make these choices. The aim was to find out what kind of midwife led service they would wish to see not only for the women of Andover but also for those in the whole area served by WEHCT, including Basingstoke.

#### **2. Background**

South Central Strategic Health Authority (SHA) has produced guidance on the 2011/12 Operating Plans and Maternity Services for South Central. This was developed using two networks of Maternity Commissioners and Heads of Midwifery. This document covers PCTs in South Central to guide maternity-based projects.

The South Central Maternity Workforce Framework was also published in Aug 2010. This was the result of a long piece of work – starting in October 2009 with a number of engagement events throughout the area for midwives, obstetricians and commissioners to scope the challenges and potential solutions. This document was also formally consulted on before being signed off and used across South Central to reference during local maternity projects.

In addition, there have been a number of national consultation exercises and reports about models of maternity care. Including:

- Maternity Matters: Choice, access and continuity of care in a safe service  
Department of Health 2007
- Recorded Delivery: A National Survey of Women's Experience of Maternity Care  
2006 National Perinatal Epidemiology Unit 2007
- National Patient Survey Programme, Maternity Survey: The Care Quality  
Commission's National Patient Survey Programme 2010

Furthermore, independent research at Crowborough Birthing Centre in West Sussex (Hallett 2004) showed that uncertainty as a result of the threatened closure of the unit affected women's birth place choice making, and the number of babies born at the birth centre fell. Once the birth centre had a secure future however, the number of births rose significantly.

There have also been two consultation exercises in Hampshire in the last five years. The feedback from these consultations is summarised below:

In 2007, you told us...

- Mid wife-led care was very important
- We want you to sort out maternity services for the future so that they are not constantly changing
- We want the option of giving birth in our local area because we and our families do not want to travel a long way
- We want a range of options of where we can give birth to be available
- We want good access to a range of maternity services
- We like the less hectic, more home like experience and high level of support provided when we had our babies at the stand-alone midwife-led birth centre
- We would like more support with breast feeding and can see that the role of the Maternity Care Assistant could help with this
- We find the option of a midwife-led birth centre being next door to the main consultant-led birth unit very reassuring

In 2006, you told us:

- Women and their family's value midwife led care
- Distance/ difficult to travel was an important issue
- Moving services out of the local area will make midwife led services harder to access
- There must still be choice for women where they have their babies
- Choice should not be made on the basis of cost
- Women are not aware of all the options
- Reputation/location important in birth place choice

### **3. Method**

#### **3i. Pre-engagement**

WEHCT completed a 'pre-engagement' phase prior to November 1. During this phase, they identified local groups to meet with, formulated questionnaires and produced display material. Groups identified included:

- Maternity staff
- Wider public – Andover
- Maternity service users – antenatal
- Maternity service users – postnatal
- General staff and staff side
- Health Overview and Scrutiny Committee (HOSC)
- TVBC
- GPs
- MPs
- IPPIF
- LINK
- Andover Health Forum
- SHA

- Royal College of Midwifery
- Maternity Services Liaison Committee (commissioner led group including service users)
- NHS Hampshire
- Media and E-Media

A grid of these stakeholders and proposed activity can be seen in appendix A.

### 3ii. Engagement

Following the pre-engagement planning phase, an inclusive six-week phase of active engagement took place from Monday 1 November until Sunday 11 December 2010.

A range of audiences and methodologies were used to capture service users' views. These included (but not limited to) paper and electronic questionnaires, hand held trackers, online surveys, visits to GP surgeries and visits to public areas such as shopping centres.

The Trust followed an engagement model used by NHS Hampshire and a plan/record of the activity undertaken can be seen in appendix B.

## 4. Feedback

From the activity, 816 responses were received. The overall feedback themes included:

- There was very clear indication that women wanted a midwifery led birthing experience and that this would preferably be in a birthing centre that was small and friendly, which would make it a more personal experience.
- Safety was an important aspect when choosing a place of birth and was ranked higher than distance to travel.
- There was a slight preference for a standalone birth centre but this was closely followed by a strong preference for a centre on the same site as the consultant unit.
- Both surveys indicated that women would not want to travel more than 15 miles to a birth centre with the majority not wanting to travel more than 10 miles.

### 4i. Online survey

A major element of the feedback was an online survey, *'It's your choice – where do you want to have your baby?'* This was publicised on Andover Sound radio, in the Andover Advertiser and the Hampshire Chronicle. The results of this can be seen below:

1. Are you?		
Answer Options	Response Percent	Response Count
Male	4.2%	15
Female	95.8%	339
<i>answered question</i>		<b>354</b>
<i>skipped question</i>		<b>2</b>

Most feedback was received from women, which is appropriate for this engagement.

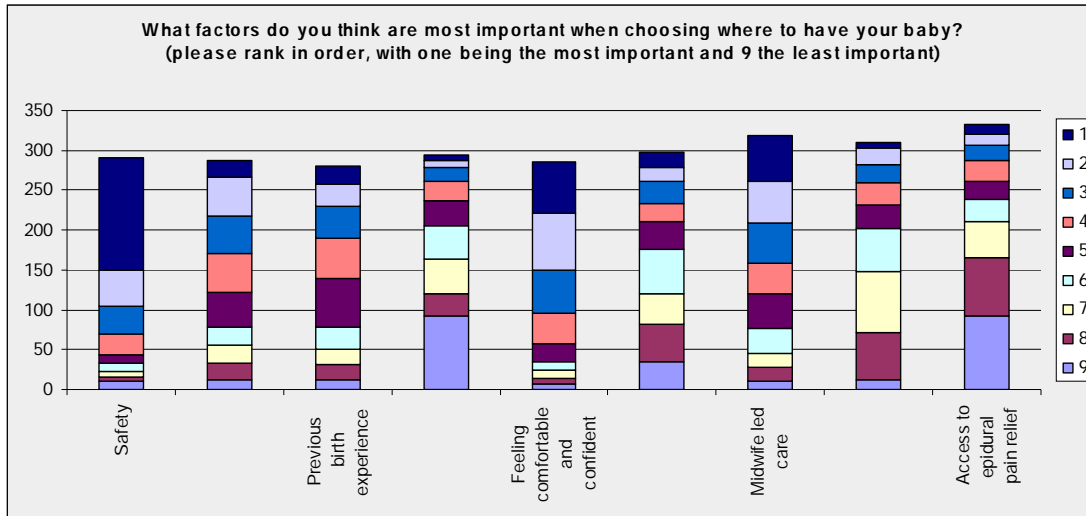
2. Are you?		
Answer Options	Response Percent	Response Count
Under 18	0.3%	1
18 - 44	91.3%	324
Over 44	8.5%	30
<i>answered question</i>		<b>355</b>
<i>skipped question</i>		<b>1</b>

As you can see over 90% of the respondents were between 18-44. This is the target age group for this kind of project, as this is the age range when a majority of women become pregnant.

3. Do you have children under 5?		
Answer Options	Response Percent	Response Count
Yes	70.0%	247
No	30.0%	106
<i>answered question</i>		<b>353</b>
<i>skipped question</i>		<b>3</b>

This question was designed to gauge how many of the respondents were mothers who had given birth relatively recently. It is not clear whether by answering no you have older children or no children at all. However, the results demonstrate that the majority of respondents have children under five and therefore have experienced maternity services fairly recently.

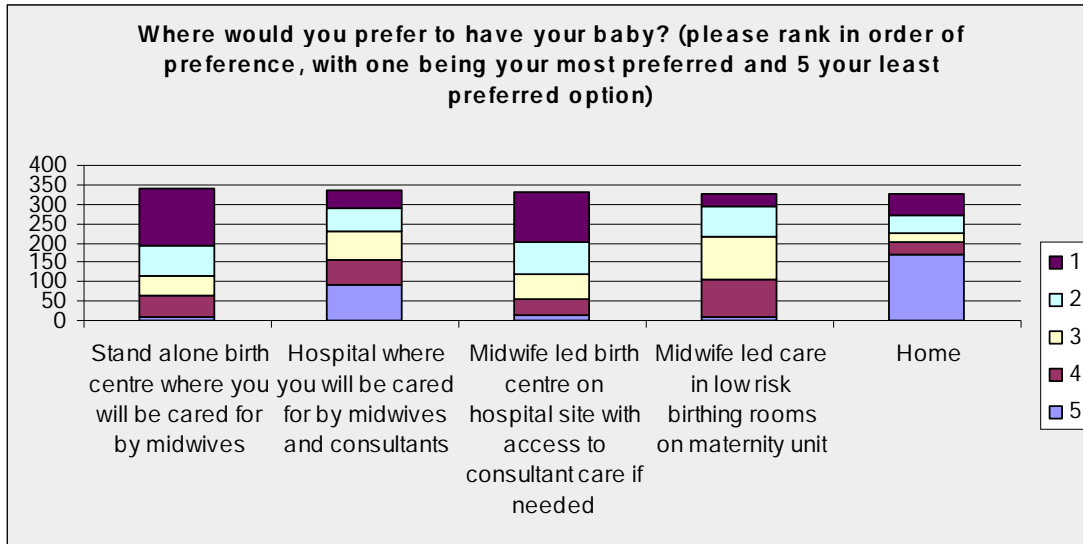
4. What factors do you think are most important when choosing where to have your baby? (please rank in order, with one being the most important and 9 the least important)										
Answer Options	1	2	3	4	5	6	7	8	9	Response Count
Safety	140	45	36	26	10	10	8	5	10	290
Distance to travel	21	50	47	48	43	23	23	21	12	287
Previous birth experience	22	29	39	50	62	28	19	18	13	280
What other people have told you	7	10	17	24	32	41	43	29	92	295
Feeling comfortable and confident	64	73	53	38	23	10	11	7	7	286
Alongside the consultant led unit (e.g. for caesarean section or paediatric services)	18	18	28	23	34	55	39	47	35	297
Midwife led care	56	53	50	38	44	31	19	16	11	318
Having to transfer in labour	7	21	23	28	29	54	77	58	13	309
Access to epidural pain relief	12	14	19	26	23	27	46	73	92	332
<i>answered question</i>										<b>355</b>
<i>skipped question</i>										<b>1</b>



This question demonstrated that safety was the most important element, followed by feeling comfortable and confident and having midwife-led care. Access to epidural relief or making decisions based on what other people had told you, were seen as less important.

**5. Where would you prefer to have your baby? (please rank in order of preference, with one being your most preferred and 5 your least preferred option)**

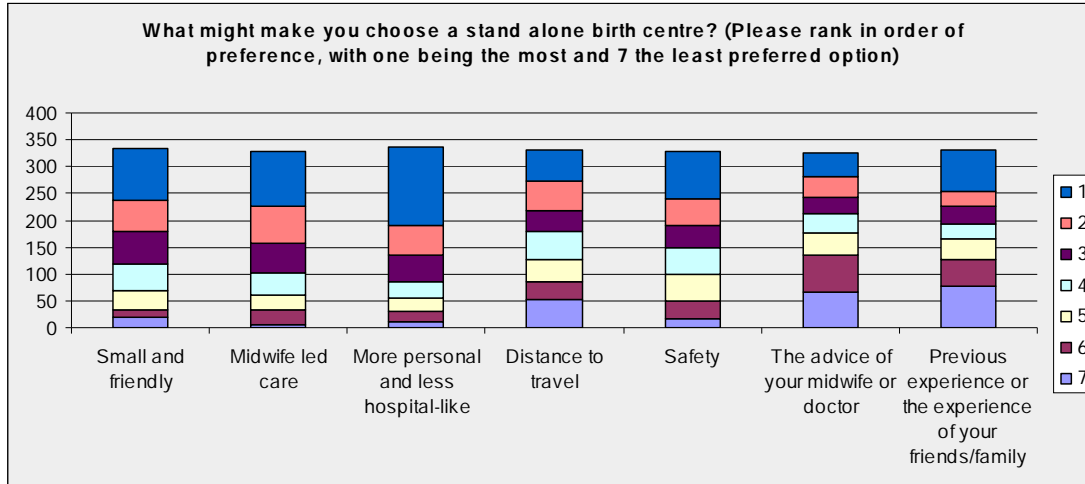
Answer Options	1	2	3	4	5	Response Count
Stand alone birth centre where you will be cared for by midwives	147	77	53	53	11	341
Hospital where you will be cared for by midwives and consultants	45	61	73	63	93	335
Midwife led birth centre on hospital site with access to consultant care if needed	127	83	67	41	13	331
Midwife led care in low risk birthing rooms on maternity unit	33	76	113	96	9	327
Home	57	44	22	34	170	327
<i>answered question</i>						<b>352</b>
<i>skipped question</i>						<b>4</b>



The first choice preference is split between having their baby at a stand-alone birth centre where they will be cared for by midwives or a midwife led birth centre on a hospital site with access to consultant care if needed. The least preferred option was to have a baby at home.

**6. What might make you choose a stand-alone birth centre? (Please rank in order of preference, with one being the most and 7 the least preferred option)**

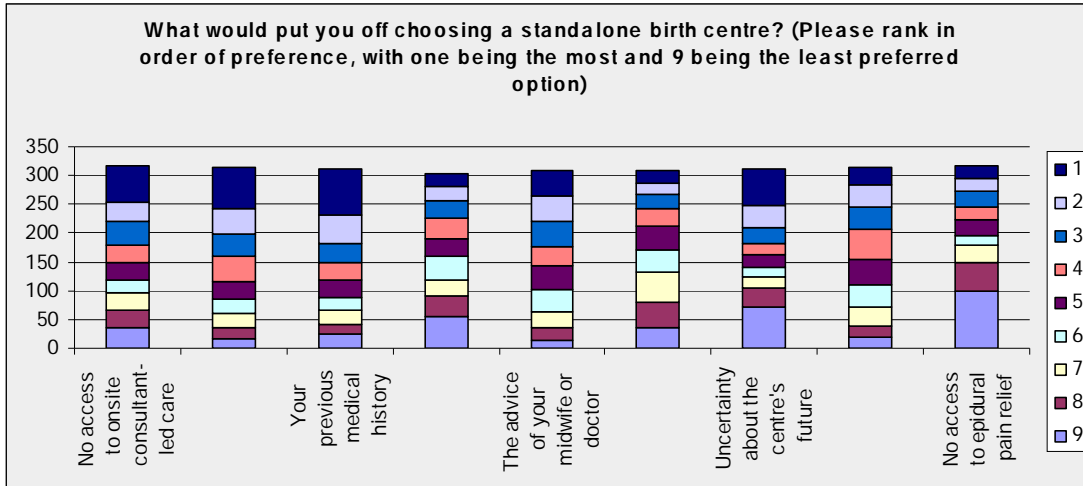
Answer Options	1	2	3	4	5	6	7	Response Count
Small and friendly	97	57	61	49	35	16	18	333
Midwife led care	104	69	55	39	29	28	5	329
More personal and less hospital-like	145	57	49	31	23	20	11	336
Distance to travel	58	53	41	50	42	34	52	330
Safety	86	52	41	48	49	34	17	327
The advice of your midwife or doctor	44	38	31	37	40	69	67	326
Previous experience or the experience of your friends/family	79	28	32	27	40	48	78	332
<i>answered question</i>								<b>349</b>
<i>skipped question</i>								<b>7</b>



Most people would choose a stand alone birth centre because it is perceived as more personal and less hospital-like, they offer midwife led care and are small and friendly. They do not necessarily make decisions based on previous experience or the advice of the midwife or doctor.

**7. What would put you off choosing a standalone birth centre? (Please rank in order of preference, with one being the most and 9 being the least preferred option)**

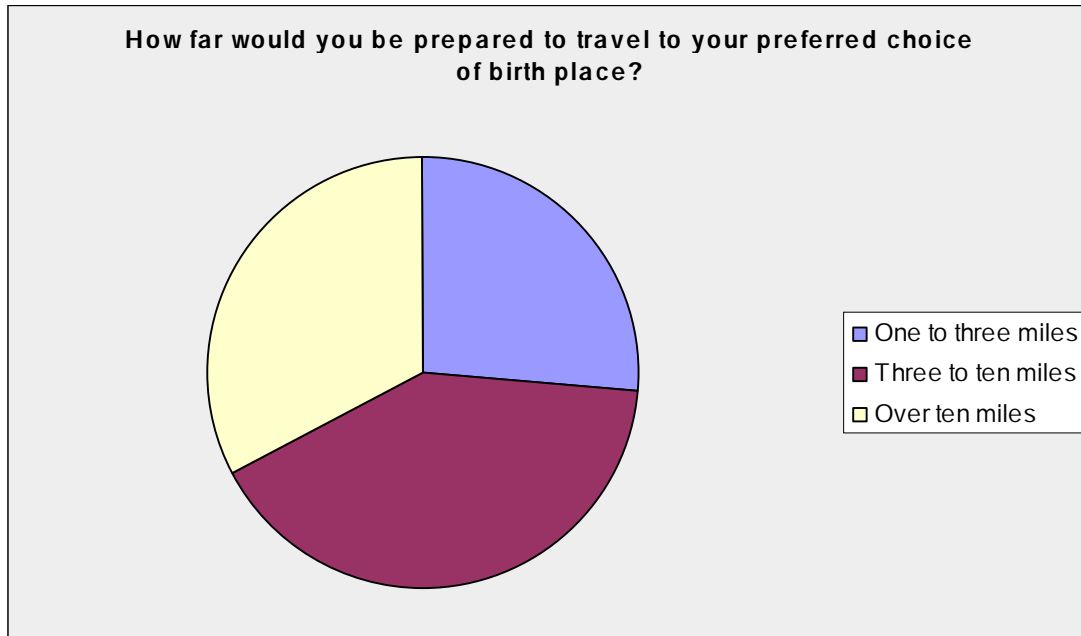
Answer Options	1	2	3	4	5	6	7	8	9	Response Count
No access to onsite consultant-led care	62	34	41	29	32	21	31	29	37	316
Concerns about safety	71	44	39	44	31	24	24	20	17	314
Your previous medical history	81	50	33	29	30	24	25	15	25	312
Distance to travel	22	26	29	37	29	43	28	36	54	304
The advice of your midwife or doctor	46	44	44	33	41	38	28	22	14	310
Previous experience or the experience of your friends or family	23	19	25	29	42	38	53	45	35	309
Uncertainty about the centre's future	64	38	27	20	22	16	21	31	73	312
Access to paediatric support	28	39	40	52	44	38	33	21	18	313
No access to epidural pain relief	22	21	29	21	28	18	29	51	98	317
<i>answered question</i>										<b>343</b>
<i>skipped question</i>										<b>13</b>



Respondents would be deterred from choosing a stand-alone birth centre due to their previous medical history, concerns about safety or uncertainty about the centre's future. Again, they would not be as concerned about access to epidural pain relief or previous experiences.

**8. How far would you be prepared to travel to your preferred choice of birthplace?**

Answer Options	Response Percent	Response Count
One to three miles	26.3%	93
Three to ten miles	41.0%	145
Over ten miles	32.8%	116
<i>answered question</i>		<b>354</b>
<i>skipped question</i>		<b>2</b>



The response to this questions is evenly split, however three to ten miles on average received 41% of the votes.

**4ii. Face to face engagement**

A second survey was also carried out either face to face or on paper - *The Maternity Choice Survey*. This resulted in 479 responses. As summary of the responses can be seen below:

1. Where were you first booked to have your baby?	479 Responses	
RHCH	63.5%	304
Home	5.2%	25
ABC	26.5%	127
Other	4.8%	23

Most respondents were booked to have their first baby at the Royal Hampshire County Hospital (RHCH) in Winchester. Just under a third were booked for Andover Birth Centre (ABC) and a very few were booked to give birth at home.

2. If RHCH, is this for medical reasons?	415 Responses	
Yes	26.0%	108
No	49.7%	206
N/A	24.3%	101

This shows that most people were not booked into Winchester due to medical reasons so it may be that they booked here due to capacity or due to choice.

3. Has your intended place of birth changed?	476 Responses	
Yes	30.9%	147
No	68.9%	328
N/A	0.2%	1

The majority of birth places were not changed but a third were.

4. Was this changed for medical or pregnancy reasons?	281 Responses	
Yes	10.7%	30
No	44.5%	125
N/A	44.8%	126

Only 10% changed birthplace due to medical reasons the remaining changed due to other reasons, which could be anything from choice, to availability elsewhere to unexpected birth time or location.

5. Where are you planning to have your baby now?	478 Responses	
RHCH	72.0%	344
Home	7.5%	36
ABC	4.4%	21
Other	5.4%	26
N/A	10.7%	51

As you can see most respondents would choose to have their next child or future children at RHCH with a large majority of 72%. Only a very small percentage of 4.4% would choose Andover Birth Centre.

6. Would you like to have your baby in a birth centre?	476 Responses	
Yes	46.6%	222
No	39.3%	187
N/A	14.1%	67

There is a relatively even split between choosing to have a baby in a birth centre or another location such as the acute hospital or at home. This does not match the responses to the questions above which show that 72% would plan to have their baby at RHCH rather than Andover Birth Centre.

7. Would you prefer this to be:	279 Responses	
On the same site as medical, anaesthetic & paediatric	18.6%	52
Within 5 miles	32.0%	89
Within 5-15 miles	8.2%	23
Within 15-20 miles	40.5%	113
N/A	0.7%	2

Most respondents would prefer a birth centre to be within 15-20 miles of medical, anaesthetic & paediatric services, with 32% wanting to be within 5 miles.

8. What is your postcode area first 4 digits?	475 Responses	
SO21	4.6%	22
SO22	7.6%	36
SO23	9.1%	43
SO50	14.3%	68
SO53	6.3%	30
SP10	26.1%	124
SP11	8.2%	39
SO51	1.5%	7
Other	22.3%	106

This shows the range of areas reached during the engagement while still being in reach of Winchester and Andover, the main hub of current services.

#### 4iii. Primary care

GPs were engaged informally throughout the engagement period at several meetings between WEHCT staff and practice staff. The item was also discussed at the Andover locality PbC group meeting. GPs were concerned about ensuring that safety was the main issue and there was an acknowledgement that four births a week at ABC is a very low number.

#### 5. Other feedback

In addition to the surveys, discussions were held at a number of meetings with stakeholders such as the MSLC, the LINK and the HOSC. Women were also encouraged to give their feedback at various events across the region and a number of staff meetings gave local midwives an opportunity to discuss issues.

Feedback from these meetings is summarised below:

- Women want a midwifery led birthing experience
- A birthing centre that was small and friendly would be preferable, to make it a more personal experience
- Safety is of paramount importance and access to consultants provides reassurance
- Women want to give birth locally to be close to home and family and friends
- There needs to be choice for women for where they have their babies
- Women value postnatal stays in midwife led birth centres

## Appendices

### Appendix A

<b>Who</b>	<b>How</b>
Maternity staff	Meetings with Head of Midwifery, with CEO, with HR team, access to all Board papers and executive management team papers
Wider public - Andover	Articles in local media plus poster in office of local MP (Sir George Young) to have information material available in his office for constituents and to display poster offering presentation/discussion with interested groups
Maternity service users – antenatal	WEHCT's patient research team is running a questionnaire (via trackers) to better understand birthplace choices and preferred service models
Maternity service	IPPIF designing questionnaire for postnatal women to better

users – postnatal	understand birthplace choices and preferred service models – this will be done on paper, in person (on the postnatal ward) and also via the post to capture feedback from mothers who have had babies recently
General staff and staff side	Head of Midwifery attendance at Joint Consultative Negotiating Committee plus information on ABC available on Trust intranet (front page) as well as briefings given at Talking Point (monthly staff meeting – open to all)
HOSC	Board papers, presentation, meeting with CEO and Head of Midwifery, regular updates by phone, a key aspect of the work with the HOSC before (and after) 1 November is to give and seek assurance that the activity set out below is sufficiently robust and that our timescales are appropriate
TVBC	Board papers, presentations re ABC given at full council and OSC meetings, Health and Wellbeing committee chair meeting with CEO.
GPs	Email updates and Board papers sent plus two offers to attend practice and Practice Based Commissioning group meetings (one via Primary Care Liaison Manager, one from Divisional Director)
MPs	Board papers to Sir George Young and Caroline Nokes, plus Sir George Young meeting with CEO to discuss ABC
IPPIF	Board papers and discussion plus agreement for IPPIF to draw up a questionnaire for postnatal women to gauge feedback on quality of care and factors indicating choice of birth location
LINK	Board papers, presentation given by NHS Hampshire re maternity which included information on ABC (meeting with LINK hospital lead set up for 16.11.10 and presentation to LINK booked for 19.11.10)
Andover Health Forum	Board papers sent to members, presentation given in September (and future ones booked already).
SHA	Board papers and communications strategy sent – Midwifery lead aware and kept informed
Royal College of Midwifery	RCM representative lead has been kept informed by WECHT's Head of Midwifery and has seen all Board papers and will continue to be kept informed. The Trust will work closely with the RCM on developing options and will seek advice re best practice and optimal care models for midwife-led births
Maternity Services Liaison Committee (commissioner led group including service users)	The MSLC representative has been kept informed by WECHT's Head of Midwifery, presentation given and all Board papers issued so far have been sent to the MSLC
NHS Hampshire	Maternity lead has been kept informed by WECHT's Head of Midwifery and has seen all previous Board papers and will continue to be kept informed  Board papers and communications strategy sent and plans to

	ensure effective joint working on comms aspects are well advanced
Media	Board papers and statements issued, interviews given and published/broadcast, local paper currently considering whether to run online survey re ABC or use its website to link to NHS Hampshire's online survey
E-Media	Trust use of Facebook and Twitter to publicise when new papers/statements are issued

## Appendix B

### NOVEMBER COMMUNICATIONS AND INVOLVEMENT

<b>Stakeholder group</b>	<b>Means of engagement</b>
Women and their families in Hampshire	NHS Hampshire online survey launched to better understand birthplace choices and preferred service models
all	Area on WEHCT website for ABC information (Q and A, Board papers, etc) – including link to survey (see above) on NHS Hampshire site

all	Leaflet produced to set out baseline facts and encourage involvement, widely available in a range of formats
Steering group	Steering Group will give overview and lend expertise during PPI and formal consultation. Aim is for impartial and strategic role and to ensure that the option paper (to be issued in January 2011) is a fair reflection of feedback received
Postnatal service users	Paper questionnaire completed by women in GH ward – some also sent to women who have had babies at RHCH in last month. Aim is to gauge opinion on current service, to understand more about choice of birth location
Antenatal service users	Questionnaire to better understand birthplace choices and preferred service models, to be done via trackers and also using free-standing touch screen (pilot carried out in October)
Maternity Services Liaison Committee (MSLC) - commissioner led group including service users	Presentation to MSLC
Maternity staff	Continuation of staff meetings
Independent Patient and Public Involvement Forum (IPPIF)	Maternity services on agenda and exchange of information on progress of surveys and initial findings
Other WEHCT staff	Updates via normal WEHCT comms
Wider public - Andover	<p>'On-the-spot' quick surveys carried out in the street in Winchetser, asking mothers (and mothers to be) for their views on current services, choice of birthplace and thoughts about future service models.</p> <p>Invitation via all practical methods to attend discussion group in early December.</p> <p>Display material available at additional times and locations</p> <p>Local media to have link to NHS Hampshire's online survey on their websites.</p>
NCT	Will be asked if they will facilitate at least one discussion following a presentation from WEHCT
Mother and toddler groups	Will be approached (possibly by NHS Hampshire Community Health Care) and asked if they will facilitate a

	discussion following a presentation re ABC from WEHCT maternity services team
Andover Health Forum	Presentation and discussion (feedback recorded)
LINK	LINK to contact members in the area and ask for views on birthplace choices and preferred service models, LINK website to contain link to NHS Hampshire online survey  Also, presentation and discussion (feedback recorded) to LINK Board and WEHCT CEO to meet with LINK's secondary care lead
Royal College of Midwives	Will be asked to give official view on birthplace choices and preferred service models
GPs	Discussion at Andover PbC group (feedback recorded via trackers)
NHS Hampshire	Update presentation to Board  NHS Hampshire to contact members in and ask for views on birthplace choices and preferred service models and provide link to NHS Hampshire online survey
HOSC	Briefing meeting in early November with Trust CEO and HOSC Chair plus presentation (if required) on the engagement – what the feedback has been so far, etc
Local Children and Families Forum	Invitation via all practical methods to attend discussion groups.

## DECEMBER COMMUNICATIONS AND INVOLVEMENT

Stakeholder group	Means of engagement
all	Area on WEHCT website for ABC information (Q and A, Board papers, etc) – including link to survey (see below) on NHS Hampshire site  Work starts on options document, taking into account feedback gathered  Date set in December for public meeting in January and this will be open to all
Women and their families in Hampshire	NHS Hampshire online survey launched to better understand birthplace choices and preferred service models

Antenatal service users	Questionnaire to better understand birthplace choices and preferred service models - to be done via trackers and also using free-standing touch screen
Postnatal service users	Paper questionnaire completed by women in GH ward – some also sent to women who have had babies at RHCH in last month. Aim is to gauge opinion on current service, to understand more about choice of birth location
Wider public - Andover	<p>Visited Andover town centre (feedback recorded and trackers used to gauge understanding of options and reaction to them)</p> <p>Display material available at additional times and locations</p> <p>Link to NHS Hampshire online survey featured by local media on their websites/in newspapers etc</p>
Other staff	Updates via normal WEHCT comms
NCT	Will be asked if they will facilitate a discussion following a presentation from WEHCT
MSLC	Presentation and discussion (feedback recorded)
RCM	Will be asked to give official view on options
GPs	Discussion at Andover PbC group (feedback recorded via trackers) and other practices at meetings
Steering group	Steering Group views sought re breadth and depth of engagement and asked to suggest any gaps in audiences engaged with or methodologies used. The group will have sight of draft copies of the consultation document
LINK & TVBC	Calls to update on engagement so far
HOSC	Briefing meeting in early Nov with Trust CEO and HOSC Chair plus offer to give an update presentation (if required) on the engagement – what the feedback has been so far for HOSC meeting on 26/01/11

## **Annexe B**

Winchester and Eastleigh Healthcare NHS Trust and NHS Hampshire working in partnership

### **Report of Findings from Service User Discussion Groups in Andover, Eastleigh, Winchester and Overton**

#### **Thank you**

NHS Hampshire and Winchester and Eastleigh Healthcare NHS Trust gratefully acknowledge the advice and support of the following individuals and organisations:

- All the women, men and children that participated in the sessions
- North Hampshire Maternity Services Liaison Committee
- Councillor Katherine Bird, Test Valley Borough Council
- Spring Meadow Children's Centre, Andover
- The Aviary Children's Centre, Eastleigh
- Lanterns Children's Centre, Winchester
- St Mary's Church, Overton

#### **Rationale**

Six discussion groups with maternity service users were arranged during June and July 2011. The aim being to:

- Explore proposals for a midwife-led DOMINO birth model
- Gather service user views in order to shape potential options for the future
- Meet statutory duties and good practice around patient and public involvement

Obtaining a sample of women's views from those living in Andover, Eastleigh and Winchester was seen as important. This is because funds released as a result of relocating midwife-led inpatient births from Andover Birth Centre to the Royal Hampshire County Hospital, create new options for the maternity service as a whole.

The inclusion of women from the rural area to the west of Basingstoke was requested by the North Hampshire Maternity Services Liaison Committee. Women in this locality could choose to access maternity services provided by Winchester and Eastleigh Healthcare NHS Trust, particularly given the short distance to Andover. Also the proposed merger with Basingstoke and North Hampshire NHS Foundation Trust may alter women's birth place choices in the future.

#### **Methodology**

A Senior Midwife together with a member of the NHS Hampshire Communications and Engagement Team facilitated semi-structured discussion groups in Andover, Eastleigh, Winchester and Overton.

A cross-section of participants were targeted, included very young mothers, fathers, forces families, women from black and minority ethnic communities, and people from a range of socio-economic groups. The facilitators visited existing drop-in and support groups across the district, having previously sought the agreement of the group organiser and members.

Each session lasted between 45 and 90 minutes. This was because of the need to work flexibly around the needs of infants and siblings present at each venue. Service user views were gathered using a mixture of approaches, namely group discussion, one-to-one interviews, questionnaire completion and note taking.

### **Framework for each session**

- **Introduction**
  - Hello, thank you and the importance of your views
  - Outline of the NHS commitment to maternity service users
  - History of difficulties at Andover Birth Centre leading to suspension of births
  - Outline of Maternity Service Review this prompted and it's findings
- **DOMINO model**
  - Description of proposed model
  - Questions and answers followed by group discussion
  - Gathering of views and ideas using questionnaire and note taking
- **Exploring possible options**
  - Description of possible ways forward
  - Questions and answers followed by group discussion
  - Gathering of views via questionnaire and note taking
- **Opportunity to raise issues and comment generally**
  - Sharing experiences of using maternity services
  - Ideas and suggestions
  - What happens next and how we will feedback to you

Equalities monitoring questions were also asked in order to demonstrate compliance with the Equality Act 2010. Completion of this section of the questionnaire by participants was optional.

Additional supporting information was available at each session, including a map of Hampshire showing locations of maternity services, travel time information, and birth rate data.

A copy of the script used by the facilitators, the handout for participants, and the questionnaire is available on request.

### **Date and location of discussion groups**

<b>Date</b>	<b>Time</b>	<b>Venue</b>	<b>Group</b>
Tuesday 14 June 2011	1.00 – 2.00 pm	The Lights, West Street, Andover, Hampshire SP10 1AH	Weekly drop-in group for new parents
Wednesday 15 June 2011	10.00 am – 12.00 noon	St Mary's Church Rooms, Overton	Wednesday Welcome Drop-in
Wednesday 15 June 2011	1.30 – 3.00 pm	Lanterns Children's Centre, Berewecke Road, Winchester	Bumps and Babies Group
Saturday 25 June 2011	9.30 – 11.30 am	Spring Meadow Children's Centre, Smannell Road, Andover,	Me and My Dad Club
Wednesday 29 June 2011	1.00 – 3.00 pm	The Aviary Children's Centre, Blackbird Road, Eastleigh	Teenage Mum's Group
Wednesday 6 July 2011	1.00 – 2.45 pm	Spring Meadow Children's Centre, Andover	Forces Community Group

### **Findings**

The six discussion groups involved a total of 56 recent maternity service users. The breakdown of where participants lived was:

- Andover - 54% (30 participants)
- Eastleigh – 13% (7 participants)
- Overton – 14% (8 participants)
- Winchester – 20% (11 participants)

A summary of their views are outlined below (for more details see Appendix 1).

### **Views on the midwife-led DOMINO birth model**

**Question:** Would you consider the option of giving birth with the support of a community midwife following the DOMINO model?

#### **Headline:**

There was clear support for the option of a midwife-led DOMINO birth across all localities, with 93% of participants saying they would consider it.

#### **Detail**

There was some variation by locality:

- Andover = 96% said 'yes' would consider
- Eastleigh = 77% said 'yes'
- Overton = 100% said 'yes'
- Winchester = 72% said 'yes'

7% or 4 participants said they would not consider DOMINO birth model as an option. Again some locality variations:

- Andover = 0% said would not consider DOMINO option
- Eastleigh = 22% would not consider
- Overton = 0% would not consider
- Winchester = 18% would not consider DOMINO

**Question:** If 'yes' would you prefer to DOMINO into Andover Birth Centre, Royal Hampshire County Hospital, or either?

**Headlines:**

Preference of location for a midwife-led DOMINO birth varied depending on where the participant lived:

- Strong preference in Andover locality for DOMINO into Andover Birth Centre
- Strong preference in Winchester for DOMINO into Royal Hampshire County Hospital
- Weaker preferences in Eastleigh and Overton – possibly because women in these localities have pulls towards Southampton and Basingstoke maternity services, in addition to Winchester and Eastleigh Healthcare NHS Trust service.

**Detail**

Breakdown of preferences by locality

Locality	Prefer DOMINO into Andover Birth Centre	Prefer DOMINO into Royal Hampshire County Hospital	Don't mind
Andover	76%	3%	16%
Eastleigh	0%	44%	33%
Overton	25%	25%	12.5%
Winchester	0%	72%	0%

Note: Although this was not an option on the questionnaire, discussion with the women from Overton highlighted that 87% of them would like the option of DOMINO into Basingstoke Hospital.

**Question:** What do you like about the DOMINO birth model?

**Headlines:**

Across all localities strong and similar themes emerged:

- Service users highly value the continuity of having a known community midwife throughout labour and birth
- Service users showed strong support for the home visit by a community midwife to establish that labour started and progressing. Participants highlighted that the home visit avoids unnecessary journeys to hospital which women and men find frustrating and embarrassing, as well as freeing up staff time and saving the NHS money
- Women felt that the support of a known midwife would provide reassurance, helping the woman to feel more relaxed and in control during the labour and birth
- Some participants liked the fact that they would be able to return home soon after the birth, highlighting benefits like keeping the family together, enhanced bonding between baby and father/ partner, and managing childcare of older siblings
- Women like the low tech approach if a low risk birth

**Question:** What do you dislike about the DOMINO birth model?

**Headlines:**

Main themes highlighted by participants were:

- Some participants felt that waiting for home visit by midwife to carry out labour assessment could delay transfer to hospital if needed
- If a very long labour then same midwife would not be able to support throughout
- Some participants felt that going home 2-4 hours after the birth was too early, especially if support is needed with breast feeding. Good follow-up support in the community would be necessary to overcome this concern

**Question:** Do you have any suggestions about how the DOMINO birth model could be implemented locally?

**Headlines:**

- Local base for midwives important so service users do not have to travel far for advice or early labour assessments
- There should be plenty of opportunities to meet named community midwife and their colleagues so that women have chance to build a relationship with staff who will support them through the birth
- Service users want the Trust to ensure that there are enough staff available where and when needed

- Ensure women living in the district covered by Basingstoke and North Hampshire NHS Foundation Trust are also offered choice of care, support and DOMINO option

## Exploring potential options for the future of maternity services

Four initial options were developed with the Head of Midwifery, which could then be refined following feedback from service users. These 'draft' options were discussed with participants, who then rated the options in order of preference.

Note: 'Drop-in' relates to proposal to have a locality base or centre similar to that at Andover, but also in Eastleigh and Winchester. 'Targeted support' means specific care and support from community midwives for particular at risk groups, for example pregnant women with diabetes or who are over weight.

### Headlines:

- Option 3 - 'Drop-in plus targeted support, and DOMINO into Royal Hampshire County Hospital - was the most preferred option across the whole catchment area
- Option 4 - Drop-in plus targeted support, DOMINO at Royal Hampshire County Hospital and Andover - was the most preferred option for people from Andover (who see it as a way to restart births at Andover Birth Centre) but attracted limited or no support elsewhere
- These preferences mirror the strong support for the DOMINO birth model
- Options 1 and 2 were not strong first or second preferences in any area

### Detail

#### Ratings for individual options

Breakdown for Option 1 'As is'

Option	Result (count)
First choice/ most preferred	6% (3)
Second choice/ second preference	6% (3)
Third choice/ third preference	6% (3)
Fourth choice/ least preferred	81% (40)

Breakdown for Option 2 'Drop-in plus targeted' midwife-led ante and postnatal support'

Option	Result (count)
First choice/ most preferred	4% (2)
Second choice/ second preference	6% (3)
Third choice/ third preference	77% (37)
Fourth choice/ least preferred	12% (6)

Breakdown for Option 3 'Drop-in plus targeted, and DOMINO into Royal Hampshire County Hospital'

Option	Result (count)
--------	----------------

First choice/ most preferred	27% (13)
Second choice/ second preference	58% (28)
Third choice/ third preference	14% (7)
Fourth choice/ least preferred	0% (0)

Breakdown for Option 4 'Drop-in plus targeted, DOMINO at Royal Hampshire County Hospital and Andover'

<b>Option</b>	<b>Result (count)</b>
First choice/ most preferred	66% (34)
Second choice/ second preference	25% (13)
Third choice/ third preference	1% (1)
Fourth choice/ least preferred	5% (3)

### **Themes from discussion about the potential options:**

- Some women liked reassurance of midwife-led DOMINO into Royal Hampshire County Hospital as if medical intervention required already at the hospital and so no additional journey/ transfer time
- A few women were concerned that locality bases might mean midwife appointments at GP surgeries were no longer available. This is not being suggested, but highlights women want choice. Similarly a woman with post natal depression said that home visits are better for her.
- Post natal stays were mentioned as valued, especially for first time mothers

### **Themes from discussion of birth experiences**

Participants were given the opportunity to raise other issues and ideas related to their experiences of giving birth. Details are available in Appendix 1

### **Headlines:**

- First time mothers need additional support
- Women who are partners/ married to Ministry of Defence personnel have additional needs
- Service users suggested a range of ways that the patient experience at the Royal Hampshire County Hospital could be improved, for example better communication and discharge processes
- Women that live in rural areas feel that they have limited access to midwives
- Some women are not told about the full range of birth options
- Birth place choice making is complex with previous experiences, where you live, family support networks, and distance to travel all having an impact

### **Recommendations for the formal consultation stage**

- Targeted involvement work is needed to more successfully reach service users from black and minority ethnic communities

- A discussion group methodology be used together with other approaches
- The six groups who participated in this project also be engaged during the formal consultation stage

14 July 2011

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Senior Midwife  
Winchester and Eastleigh Healthcare NHS Trust

Nick Birtley  
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NHS Hampshire

## APPENDIX 1

### Collated themes from discussion groups with service users

<b>Andover</b>	<b>Eastleigh</b>	<b>Overton</b>	<b>Winchester</b>
<i>New Mums Drop-in</i> The Lights, Andover on 14 June 2011 - 7 responses	<i>Teenage Mum's Group</i> at The Aviary Children's Centre, Eastleigh on 29 June 2011 - 9 responses	<i>Wednesday Welcome</i> mothers drop-in at St Mary's Church Rooms, Overton on 15 June 2011 - 8 responses	<i>Bumps and Babies</i> group at Lanterns Children's Centre, Winchester on 15 June 2011 - 11 responses
<i>Me and My Dad Club</i> at Spring Meadow Children's Centre on 25 June 2011 – 16 responses			
<i>Forces Community Group</i> Spring Meadow Children's Centre, Andover on 6 July 2011 - 7 responses			

<b>Choosing the DOMINO model</b>			
<ul style="list-style-type: none"> <li>• 7 out of 7 service users would consider option of DOMINO</li> <li>• 4 out of 7 service users would prefer DOMINO into Andover Birth Centre</li> <li>• 3 out of 7 would consider DOMINO into both Andover and Royal Hampshire County Hospital</li> </ul> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> <li>• <b>16 out of 16 service users said would consider DOMINO</b></li> </ul>	<ul style="list-style-type: none"> <li>• 7 out of 9 service users would consider DOMINO option</li> <li>• 4 out of 9 would prefer DOMINO into Royal Hampshire County Hospital</li> <li>• 3 out of 9 would consider DOMINO into Andover Birth Centre and Royal Hampshire County Hospital</li> <li>• 2 out of 9 would not choose DOMINO model</li> </ul>	<ul style="list-style-type: none"> <li>• 8 out of 8 would consider DOMINO</li> <li>• 7 out of 8 service users said they would like option to DOMINO into Basingstoke.</li> <li>• 2 out of 8 would also consider DOMINO into Andover Birth Centre</li> <li>• 2 out of 8 would consider DOMINO into Royal Hampshire County Hospital as an option</li> <li>• One woman felt there</li> </ul>	<ul style="list-style-type: none"> <li>• 8 out of 11 would consider DOMINO</li> <li>• 8 out of 11 service users said they would consider DOMINO into Royal Hampshire County Hospital</li> <li>• 2 out of 11 would not consider DOMINO model as a birthing option, one of whom felt it should be an option for others</li> </ul>

- 15 out of 16 would prefer DOMINO into Andover Birth Centre
- 1 out of 16 would prefer DOMINO into Royal Hampshire County Hospital

should be offer of DOMINO into Andover, Winchester and Basingstoke

- 
- 6 out of 7 service users said they would consider DOMINO option
  - 4 out of 7 preferred DOMINO into Andover Birth Centre
  - 2 out of 7 would consider DOMINO into both Andover Birth Centre and Royal Hampshire County Hospital

#### What service users like about the DOMINO model

- |   |   |   |   |
|---|---|---|---|
| <ul style="list-style-type: none"> <li>• Continuity of care with known midwife going with you from home to birth unit, and supporting through labour and birth</li> <li>• Continuity particularly important for first birth as 'have no idea what is going to happen'</li> <li>• Perception that having same midwife would help woman to be more relaxed and in control. Also would only have to communicate her wishes once, and have</li> </ul> | <ul style="list-style-type: none"> <li>• Knowing midwife and coming home quickly as I am nervous of hospitals</li> <li>• Being home so quickly, especially if you have other children</li> <li>• Midwife coming to your own home</li> </ul> | <ul style="list-style-type: none"> <li>• Having a relationship with a named midwife and/ or small team</li> <li>• Continuity of known midwife who supports you throughout labour and birth, including accompanying you to birth unit</li> <li>• Home visit to establish whether labour has started, particularly welcome when first pregnancy and live some distance from birth unit as prevents trip to hospital only to be told to</li> </ul> | <ul style="list-style-type: none"> <li>• Continuity and consistency of care from one, or small number of midwives – makes you feel more in control</li> <li>• Able to come home quickly</li> <li>• DOMINO into Royal Hampshire County Hospital has security of being in hospital in case there are complications</li> <li>• Low-tech approach if low risk</li> <li>• Staying with your partner</li> </ul> |
|---|---|---|---|

reassurance that pregnancy history known

- Early discharge would help partner bond with baby as at home, and overcome being in hospital and missing partner

- 
- Good you have the same midwife throughout – that is very reassuring, more personal and less stressful
  - Gives more choice – ‘puts choice with parents and not the system’
  - Gives Andover people local birth option if that’s what they prefer
  - Greater local access
  - Embarrassing when turned away from hospital because labour not progressed sufficiently – so like idea of midwife visiting at home to confirm. Also saves wasted time and visits
  - Avoidance of stay in Winchester hospital given that this is our second birth

- 
- Continuity of one-to-one midwife care throughout.

return home

- Early discharge from hospital – going home helps you settle after birth
- Enhances birth choice options
- That Andover Birth Centre would be a birth place choice and base for ante and postnatal care for Overton women

Some forces mothers have experienced continuity of having one midwife throughout in other parts of the country and really valued this approach.

- Remaining in comfort of own home for as long as possible – less time in hospital before baby born
- Midwife visiting you at home to establish that labour progressing

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**What service users dislike about the DOMINO model**

- Andover Birth Centre may not re-open for births
  - There is risk that different midwives in the team have a different approach, ideas and advice – inconsistent advice hinders recovery and feelings during pregnancy, labour and birth
  - Concern that may not be that familiar with wider team, with impact if named midwife busy or on holiday when you go into labour, or when receiving ante and post natal support – coffee mornings with midwifery team to build relationships suggested
  - Not an option for high risk pregnancy women
  - If something is wrong there would be rush to hospital
  - Going home so early after birth
  - In case of complications I prefer a hospital birth
  - Concern that there may not be enough midwives available to provide DOMINO model
  - Quick discharge – one woman remembered first few nights were very difficult in terms of breast feeding and really needed support
  - Could spend too much time at home, what if the labour is complicated, or if the labour is very quick and there is not enough time to get there and you end up having unplanned home birth?
-

- What would happen if labour goes on for many hours?
  - One person felt that leaving birth unit after 3 hours too soon when it's your first baby – some women need time in hospital to recover
- 

- Pushing mums out too early – could feel a bit rushed especially if space and funding limited
  - DOMINO is not a full birthing service at Andover
  - DOMINO dependent on the availability of midwives and possibility the mum may dislike her
  - Some labours can take a number of days – your midwife can't be around all the time
  - If you have a preferred midwife would you be able to choose them or would you be allocated whoever was on duty
- 

- For first time mothers leaving after 2-3 hours may be too soon as need for support after the birth – one
-

first time mother said she was not prepared for how tired she felt after birth

- Doesn't appeal to me – don't see the point of having a DOMINO

#### Suggestions about how DOMINO should be implemented locally

- A Dad's/ partners room at birth unit would be good
- Post natal stays at Andover would be preferable
- DOMINO into Andover Birth Centre would be welcomed as local services easier and cheaper to access
- Personal relationship with named midwife needs to continue
- There must be enough support at home if women are to return home after 3 hours
- Opportunities to meet all local midwives
- Ensure that a midwife available when you need one and at all times
- Have more birth pools
- DOMINO option needs to be widely advertised. For example leaflet, awareness raising visits by midwives to coffee mornings and toddler groups
- Midwives need to be available when and where needed, particularly for the birth and postnatal support
- To know who would be with you when you give birth is a good thing
- Awareness of DOMINO option amongst women is key – publicity needed

- 
- Having a local centre like the one in Andover
  - Dedicated telephone numbers for parents to call when labour starts
  - Ask my grandma about how it should be done – all 7 of her children were delivered at home
  - To not include the Andover

Birth Centre would be wrong and a great loss to Andover

- Maintain staff at Andover Birth Centre 24/7

**Response to options**

Most popular choice was Option 4, with 23 out of 30 rating this option as their first choice

Most popular choice was Option 4, with 5 out of 7 rating this option as their first choice

- No clear first choice of option
- 3 out of 8 selected Option 4 as first choice
  - 3 out of 8 selected Option 2 as first choice

The most popular choice was Option 3: DOMINO into Royal Hampshire County Hospital, plus community base and targeted community support, with 5 out of 11 participants selected this option as their first choice

**Comments about 'drop-in' option**

- Local access to centre for ante and post natal support is important – especially if your partner is away as they are in the forces

- One mother expressed concern that if midwives available in centres like they are at Andover Birth Centre, she would still prefer appointment with named midwife at the surgery, rather than 'drop-in' service
- Another said I like the current system of having appointments at local GP surgery and close contact with named midwife, although the proposal for drop-in as well could be useful
- As someone suffering from

postnatal depression, home visits by midwife are very important – there should be choice of home visit or appointment at centre/ surgery

### Comment about births/ inpatient post natal stays being suspended at Andover Birth Centre

- Two people said that they wanted to give birth at Andover but had no choice due to suspension, and had to go to Winchester
- Travelling to Winchester from Andover not easy, especially if you do not drive, and so the inpatient post natal stay at Andover makes a difference and should be an option
- Andover Birth Centre should stay open and still have births at ABC
- We need local support for childbirth, had our child in Andover Birth Centre and they were excellent, supportive and efficient. We do not want a hospital birth in Basingstoke or Winchester
- It would be so sad if other women were not to have the positive experience of

giving birth at Andover Birth Centre

**Patient experience at Royal Hampshire County Hospital**

Unsatisfactory experiences at Royal Hampshire County Hospital and service user ideas that would improve things:

- Many changes of midwife throughout labour making birth process more difficult for the woman
- Meal taken away before woman had a chance to eat – meal left on table in the bay whilst mum breast feeding behind curtains
- Discharge delays, particularly at weekends – in one case a woman had to stay in hospital an extra night as doctor not available to authorise discharge. **Suggestion:** Understand that paediatrician maybe busy, so can midwives authorise discharge – reducing delays would save money?
- 2 women said partners asked to leave soon after birth – ‘My baby was born about an hour before visiting time ended, so my

- Perception that limited access to midwives in Overton
- Difficulty accessing appointments and screening from rural area
- One woman said that she had not planned to, but eventually gave birth in the main unit at Royal Hampshire County Hospital, and the midwives were amazing
- Another woman who also gave birth at Royal Hampshire County Hospital, said 95% of the experience was excellent – ‘we felt like we were really cared for and loved most of the staff and care given’. Unfortunately she mainly remembers the 5% that was not so good
- Another felt that sometimes midwives were dismissive, but when first time birth you need reassurance
- ‘One midwife was particularly rude about me coming in when in early labour, we were made to feel like an inconvenience which wasn’t nice

partner was asked to leave shortly after the birth – this impacted on bonding with the baby'. **Suggestion:** More flexible interpretation of policy. Somewhere for partner to sleep so can stay at birth unit - sofa bed or double bed? I have heard this available in other areas

- Visiting hour's policy restricts to 3 visitors, which prevents both sets of grand parents being there at same time. **Suggestion:** 4 visitor limit
  - Lights on wards shine over top of curtains with impact on mother's and baby's sleep
  - I was kept awake at night by other women talking to relatives and friends on mobile phone. **Suggestion:** Mobile phone use policy
  - Communication issues:
    - Communication breakdown at shift handover, with impact on one woman where pain relief not given after request
-

- Having to explain birth plan to series of different midwives
- Asking midwifery staff a question and not receiving answer (experiences of waiting few hours to days for response)
- Different advice given by older and younger midwifery staff – ‘so many opinions that made me feel like just going home’ – **Suggestion:** A breast feeding leaflet for all women that offers consistent advice
- Staff not explaining where things like fridge and breast feeding room are – **Suggestion:** Could be alleviated if ‘map’ of unit and other useful information available by each bed

- One woman had
-

experienced care and birth at two different Trusts and mentioned that the labour/ birth care at Royal Hampshire County Hospital was not as good as her previous experience at another Trust

- 'Hospital needs to offer food to patients after giving birth'
- 'More staff, better care and more privacy needed at Winchester hospital'

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#### **Patient experience at Andover Birth Centre**

- The antenatal care at Andover Birth Centre was excellent, particularly as from 8.00 am, early evening and weekend appointments offered. This flexibility was good for working mums-to-be and for the involvement of partners
  - The whole 'ethos' at Andover Birth Centre was very welcoming, and the available advice whether in person or by the telephone was excellent. Having this local service and facility available to women works
-

very well

- At Andover we liked being able to stay in for a couple of days
- The service that they offer, and should continue to offer, is invaluable. We have had 2 children including 1 at ABC, and the support they offered before, during and after the birth was first class
- I had my second child at Andover Birth Centre and it was absolutely fantastic. The staff were great and the surroundings of the pool room were so calming
- I went to Andover Birth Centre to be told to return home as still at early stage in labour – this was not a problem as five minutes from home. Winchester is half an hour journey

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**Patient experience of community midwifery service**

- I had a problem during my pregnancy and contacted the midwives to tell them relevant personal information. No one ever got back to me.

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**Patient experience of Basingstoke and North Hampshire NHS Foundation Trust service**

- One woman said that breast feeding support was lacking – waited 2 days to see a midwife – more support needed
- Antenatal appointments were hard to get at the surgery and early screening was missed as no appointments/ midwives available

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### **The specific needs of forces families**

- My partner can be away 'in theatre' or working away from home at a moments notice
- As forces families many of us live a long way from wider family networks and support
- I did not have someone to look after my children when in labour as away from family, and had to take children with me to hospital
- 'Please be aware of our additional needs'
- Some women whose partners in forces have given birth in other countries where service model very different. For example, in Germany new

born babies kept in nursery so that women can rest after birth. Also women staying in hospital following birth is the norm – impacts on perceptions and birth experience in the.

- Perhaps patient notes and electronic records should 'flag' women from forces, so staff can be aware of potential additional needs

## **Annexe C**

### **Developing sustainable midwife-led birth services for women living in and around Andover - proposals for formal consultation**

#### **1.0 Introduction**

- 1.1 NHS Hampshire and WEHCT is keen to ensure that any new model of midwife-led inpatient care reflects women's wishes and aspirations as far as possible. All of the feedback received to date has been used to inform and shape proposals for midwife led care pathways, which underpin the options to be included in the formal consultation.
- 1.2 The plans for conducting formal consultation around these options is structured to meet the requirements in the Health and Social Care Act (2001), NHS Act (2006) and David Nicholson's four tests:
- Demonstrate strong PPI
  - Support of local GPs
  - Supporting patient choice
  - Have a clinical evidence base
- 1.3 We propose that due to the extent of activity to date we consult from 1 September to 31 October 2011, holding discussions around the options using feedback to date, clinical evidence and the results of the options appraisal.

#### **2.0 Key stakeholders**

- 2.1 We will consult the following range of critical stakeholders/audiences:

##### **Internal**

Midwives – ABC, RHCH, BNHFT  
Heads of Midwifery – ABC, RHCH, BNHFT  
Wider staff members/nurses  
GPCC leads – West, Calleva  
Local GPs  
PbC leads  
NHS Hampshire board  
WEHCT/BNHFT board

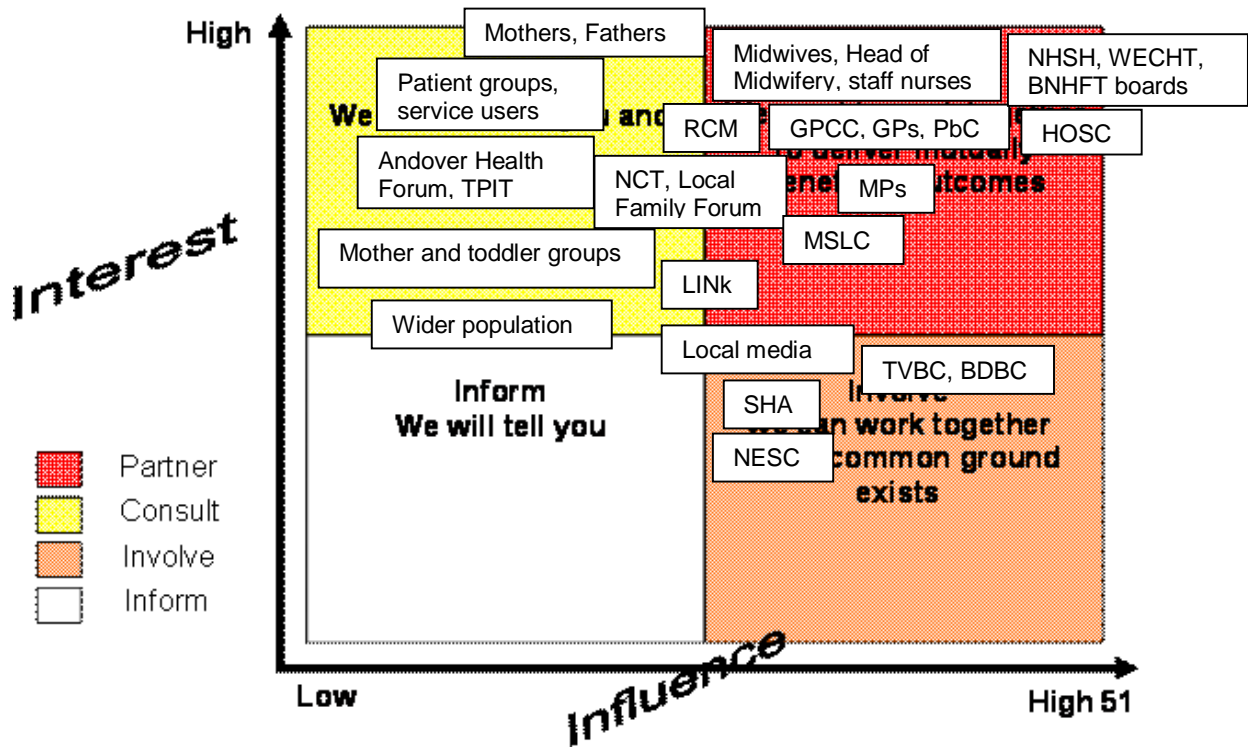
##### **External**

Royal College of Midwives (RCM)  
HOOSC  
Test Valley Borough Council (TVBC) – CEO, Leader, Health lead  
Basingstoke and Deane Borough Council (BDBC) – CEO, Leader, Health lead  
TVBC and BDBC councillors  
MPs  
RHCH/AWMH/BNHFT patient groups  
Hampshire LINK  
Andover Health Forum  
NHS South Central (SHA)  
Mothers (including teenage, BME, Army families)  
Fathers  
Local Children and Families Forum  
National Childbirth Trust (NCT)  
ABC Facebook Group  
MSLC  
NESC

Mother and toddler groups  
 Antenatal and postnatal service users  
 Teenage Pregnancy Implementation Teams (TPIT)  
 Wider population – Andover, Eastleigh, Winchester, Basingstoke  
 Local media – Andover Sound, Andover Advertiser, Hampshire Chronicle, Basingstoke Gazette, Basingstoke Observer, BBC South Today, ITV  
 Meridian, Heart FM, Kestrel FM

**3.0 Stakeholder Mapping**

3.1 The stakeholders above have been mapped according to their perceived level of interest and influence in future plans for Andover Birth Centre:



**4.0 Activity plans**

4.1 Further to the mapping exercise of all our key stakeholders, we have planned a wide range of formal consultation activity tailored to each group.

4.2 A detailed plan of activity over the six week period will allow us to rigorously assess and review the options to determine the preferred and most appropriate way forward for ABC. Information about the activity planned will be available to HOSC at its meeting.

4.3 Activity is based around the following key elements:

- Clinical engagement – Further involvement and discussion with local GPCC/PbC leads as to future intentions for maternity services
  - Consultation document - with background including clinical, financial data, feedback to date, development of options, how to feedback
  - Online survey (and printable version) – with questions on which to base feedback around options
  - Storyboards – with overview of background including clinical, financial data, engagement/feedback to date, options, how to feedback
  - Discussion groups – to hold semi-structured discussions around options and feedback questions
  - Drop-in sessions – using storyboards and printed surveys for feedback
- 4.4 All feedback will be collated through NHS Hampshire’s online consultation system to be analysed together to determine the preferred option going forward. This option must be feasible both clinically and financially, to ensure the future provision of services can be maintained.
- 4.5 Upon completion the feedback report and preferred option will be presented to both Boards and the HOSC to determine its approval for implementation.
- 5.0 Evaluation process**
- 5.1 The effectiveness of this strategy will be evaluated throughout to adjust activity as necessary throughout the consultation period.

## **Appendix Two: HOSC feedback to NHS Hampshire re: Development of Services at Odiham Cottage Hospital- 24 May 2011.**

Thank you for attending our meeting yesterday and for providing the HOSC with an outline of the options for providing services to meet the health needs of people living in the Odiham area, including those currently using the inpatient service provided at Odiham Cottage Hospital.

It was helpful to have a representative from Calleva present and to have such a clear commitment to working with local people to develop the 'hybrid' model of care that is now emerging. The willingness of the consortium to pick up such a contentious issue within weeks of its establishment must be wholeheartedly applauded. The commitment of local stakeholders to contribute to this work is integral to this process and, based on the discussion at the meeting, there seemed to be confidence in the integrity with which local GPs would take this work forward and bring it to a conclusion.

As discussed at the meeting the actual form of the 'hybrid' model is still far from clear. It is a significant concern that, after all the months of engagement and debate with the community, the preferred option for service provision is so tentative and aspirational. We are within 8 weeks of the beds being closed at the hospital with no clarity about the future model of care for services in the area.

Nobody would want to see unsafe services provided in any care setting and we noted that there had been a number of serious incidents at the hospital due to staff not turning up for their shifts. Reports of patients with dementia being admitted to the hospital, particularly if end of life care is also provided, are of concern as was the statement that the GPs and consultant staff with admitting rights were not made aware of issues relating to clinical safety. This highlights significant clinical governance and management issues by both Southern Health and NHS Hampshire that perhaps could have been addressed well before the situation reached the current impasse. As we noted at the meeting the HOSC does not have the professional expertise to challenge a decision based on clinical safety. If we were of the view that the case for closing the beds has not been made the only recourse would be for us to refer the matter to the Secretary of State. Although it is clear that some stakeholders would favour such a referral Members are convinced that the solution and decision must be determined as locally as possible. The current process, with all the ill feeling and criticism this has generated, has made progress. A referral at this juncture would not halt the notice given on the beds and would take the decision-making away from the community affected. Additionally it could lead to significant delays and loss of the hard won willingness to contribute to the development of the 'hybrid' option. We do not therefore consider that it is right to pursue this option at this stage.

We do understand that Southern Health is able to give notice on a contract as per any similar commercial arrangement and that an extension has already been agreed once. We are of the view however that there is a case for the NHS

Hampshire Board to revisit the grounds put forward for not extending the contract to ascertain if there is scope for an interim solution that will retain some services at the hospital. The importance of the services provided at Odiham Cottage Hospital to this community was highlighted several times at our meeting. Noting that discussions with potential providers have focused on current service provision we would ask that NHS Hampshire reconsiders extending the contract, possibly with some variation, to allow for end of life care and GP step up/down provision to be provided at the hospital- with appropriate clinical supervision- until such time as Calleva has been able to come to a view about the way forward. This coupled with the contingency arrangements you have already put in place would enable NHS Hampshire to be confident that services were being provided safely and allow for a seamless transition to the new model of care agreed. Such action would also provide reassurance to the community that, whatever form the new service takes, it has been developed with the community and for the community. Calleva are confident that they will have the service model and business case developed within 4 months so this would be a short term interim commitment that gives some continuity to the change process.

With regard to the specific questions asked of the HOSC in section 10.5 of your report our response is as follows:

- Until we have received the report of Calleva and the South Central regional Nurse on the clinical safety issues we will reserve our position.
- We have suggested an alternative interim option for consideration by the Board.
- We have not had sufficient information on the model of care to come to a view. The potential is there but this needs to be translated into a defined service model.
- Taking account of the point above we reserve our position on progress with the four tests as more work needs to be done. Feedback from the LINK was however very helpful in this respect. We would ask however that particular attention is given to the accuracy and completeness of the information shared with stakeholders. We are still receiving reports that it is incomplete in some instances and contradictory, as highlighted by comments at our meeting. As we have stated previously there is a need for clear and consistent communications with stakeholders and the wider community.
- We will come to a view on any formal consultation required when the service model and business case is presented to us in September.

I hope you find this feedback helpful and look forward to your response to our request to the Board in relation to the contract extension. If you would forward

both reports on clinical safety when these are available that would be appreciated. Can I also be clear that we will be expecting that a defined 'hybrid' model of care for this community will be available for us to consider at our meeting on the 27 September 2011. This will need to be available for inclusion in our agenda by 17 September. Please let me know if this causes any difficulties from your perspective.

I understand that you will be inviting me to attend the Hart stakeholder group. I am of course delighted to do so but need to alert you to the fact I am away from the 4 to the 17 June 2011.

## Appendix Three: Development of Services at Odiham Cottage Hospital. NHS Hampshire response to the HOSC- 20 April 2011.



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3 June 2011

Councillor P West  
Chairman, Health Overview and Scrutiny Committee  
Room 100  
Chief Executives Dept  
Hampshire County Council  
The Castle  
Winchester  
SO23 8UJ

Dear Councillor West

### DEVELOPMENT OF SERVICES AT ODIHAM COTTAGE HOSPITAL

Thank you for your letter of 26 May 2011 and for forwarding this to us before the start of our Board meeting.

We welcome your comments about the involvement of Calleva and acknowledge also their commitment to ensuring they work with all the stakeholders in developing the business case for a new model of healthcare. As we are sure you would expect, we have offered the full support of our teams to enable Calleva to complete their objective within the timeframe that has been set.

We understand your concerns about the lack of clarity on the hybrid model, but this model only emerged after the stakeholders appraised the other five options in April and there was insufficient time to develop the model more fully before your meeting. In particular the scale and cost of each of the service elements in Option 6 which needs to be considered as part of Calleva's wider commissioning intentions.

Whilst this model is in the early stages of development NHS Hampshire, Calleva and the stakeholder group have been quite clear that the model would offer patients:

- Community nursing care in their own homes;
- Inpatient beds in a community hospital that also has full rehabilitation services or;
- A bed in a reablement facility that offers patients intensive occupational therapy support to enable them to regain skills and confidence and return to their own homes.

This is the model that Calleva will be developing into a business case to bring back to your committee at the end of September. There will then be a period of implementation (which may include procurement) before the hybrid model is in place.

We would also like to take this opportunity to assure you that while this model is being worked up the Board has agreed to extend and improve the services currently available to local people from 1 August, 2011. This will be delivered through an increase in therapy-based care in relevant nursing homes, more care in people's own homes including community nursing and therapy services, access to community hospital beds within eight miles in Fleet and Alton and access to CHC funded nursing placements in local nursing homes. The Board noted that this range of services would enable the specific needs of local patients to be met at least as well as the current provision, while the Calleva business case was being developed.

We share your concerns that the GPs and consultants have said that they were not made aware of concerns over patient safety and would like to assure you that we have asked that these issues be part of the SHA and Calleva review of clinical incidents at the Hospital. This will include reviewing notes of and attendance at the Hospital's clinical governance meetings. We will forward these reports to your Committee as soon as they are completed.

Our Chair read your letter to the Board at our meeting yesterday and in particular asked the Board to consider your proposal to further extend the nursing contract, possibly with some variation, to allow for end of life care and GP step up/step down provision at the Hospital. The Board gave your suggestion careful consideration in light of its duty to protect patient safety and commission high quality care.

In giving consideration to an extension of the contract the Board heard that discussion with the current provider has made it clear that they will not further extend their contract. Arrangements to redeploy permanent staff to other nursing roles – be they in other community hospitals or as community nurses visiting people in their own homes – are well advanced and will see those staff redeployed elsewhere from August. The Board also noted that other providers have been approached to provide the care at the Hospital and they have declined.

The Board was also extremely concerned about the high level of recorded incidents (94 since April 2009) at the Hospital under the current nursing model. Although these include a range of concerns including patients admitted with pressure sores, a good proportion of the incidents relate to risks at the hospital. Given that there were only 92 patients admitted to Odiham last year, our Board was very concerned that the level and type of incidents is unacceptably high and the steps the current provider has been taking to mitigate the risks are not sustainable going forward. There was unanimous agreement, which was supported by the clinicians on the Board that the current model of care could not be continued without risk to patient safety and the Board therefore decided that an extension to the current contract was not possible.

The Board very much welcomed your decision not to refer this matter to the Secretary of State. We appreciate that there is strong support for the Hospital among certain stakeholders, but also feel that we have involved local people in developing the hybrid model and we are committed to supporting Calleva and continuing to involve local stakeholders and the community as these are developed.

We will be consulting with the Committee again in September to determine your views on the requirement to conduct public consultation on this model of care.

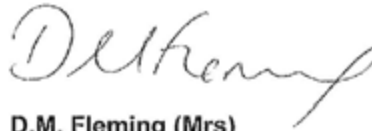
At the same time and dependent on the proposals that Calleva offers, we would still seek to offer our assistance to the Trustees of Odiham Cottage Hospital, should they want to explore alternative health uses of their building.

Thank you once again for your comments and observations. NHS Hampshire is very aware of the strength of feeling within the community and will continue to work as closely with the stakeholder group and Calleva as possible to deliver the best healthcare possible for people living in the area.

Yours sincerely



**Jonathan Montgomery**  
**Chair**  
**NHS Hampshire**



**D.M. Fleming (Mrs)**  
**Chief Executive**  
**NHS Hampshire**

CC Cllr Jonathan Glenn, Hampshire County Council  
Cllr Ken Crookes, Hart Borough Council  
Ginny East, Odiham Cottage Hospital Trustees  
Frank Rust, Chairman, Hampshire LINK

**Appendix Four: The Redevelopment of Odiham Cottage Hospital. NHS Hampshire Update. 24 May 2011.**



# **An Independent Review of Odiham Cottage Hospital**

**South Central Strategic Health Authority**

**Review:** June 2011

**Author:** Caroline Ainslie, Deputy Chief Nurse & Nicola Priest, Head of Quality Improvement

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# An Independent Review of Odiham Cottage Hospital

## Context and background

Odiham Cottage Hospital is a 12 bedded community hospital. The building is owned by Odiham Cottage Hospital Charity Trust and inpatient nursing services have been provided by Southern Health NHS Foundation Trust (formerly Hampshire Community Health Care).

The hospital offers 24 hour registered nursing care and outpatient physiotherapy one day per week.

A decision to withdraw services was made by Southern Health in October 2010 and six months' notice was issued to cease operation on 31 March 2011. Following discussion this was extended to 31 July 2011. The decision was based on continued difficulties to provide a safe level of registered nurse staffing and significant issues with the constraining physical environment.

Southern Health Foundation Trust is registered with the CQC to provide services at Odiham Cottage Hospital. There are no outstanding concerns that the provider is failing to reach essential standards of quality and safety.

In May 2011, NHS Hampshire commissioned South Central NHS Clinical Standards Team to undertake an independent review to determine if the decision by Southern Health to withdraw nursing services from Odiham Cottage Hospital was justified. The terms of reference were developed by NHS Hampshire and the SHA to guide the reviewers' work.

## Terms of reference

The overall aim of the review was to determine if the decision of Southern Health to provide notice of their intention to withdraw nursing services from Odiham Cottage Hospital was justified.

Key areas of focus:

1. To review the notice letter from Southern Health (formerly Hampshire Community Health Care) to NHS Hampshire
2. To discuss the background to the decision of Southern Health with their Director of Nursing and Medical Director
3. To review the minutes of Board meetings and Provider Clinical Governance Committees to assess those risks being discussed prior to the decision
4. To review the profile of reported incidents and complaints at Odiham Cottage Hospital, including reports prepared by Southern Health regarding risks and mitigation
5. To review establishment figures and skill mix: nursing, support workers and therapists on day and night shifts
6. To review use of Agency staff and ability to cover shifts
7. To review turnover of staff – recruitment, retention, exit interviews
8. To review relevant standard operating procedures: admission, transfer and discharge criteria
9. To review bed occupancy / patient dependence / length of stay

10. To review medical cover provision: visits, ward rounds, use of Out of Hours services
11. To review GP engagement in Clinical Governance processes
12. To provide a professional view of the risks to patient safety
13. To provide a short report to NHS Hampshire about the findings.

## **Methodology**

A number of documents and information were requested from Southern Health as background information to inform the Reviewers. This material formed part of the evidence collected throughout the review.

### **Data/Information collection and analysis**

Documents provided by the Trust were read, in order to understand specific issues relating to the nursing service and the issues leading to the decision

- Untoward event reports
- Complaints
- Temporary staffing usage
- Board and Governance committee meeting minutes

### **Interviews and observation visit**

Interviews were held with the following staff:

- Director of Nursing
- Deputy Director of Medicine Southern Health
- GP
- Matron
- Locality Manager

A visit to Odiham was undertaken to understand the environmental constraints presented by the estate.

## **Key findings**

### **1. Notice Letter**

The notice letter clearly states the reason for withdrawal of nursing services relates specifically to the ongoing difficulties to recruit registered nursing staff and the inability to sustainably provide safe levels of registered nursing.

### **2. Director of Nursing Interview**

The Director of Nursing was very clear that the main reason for this decision was due to the difficulty sustaining a safe level of registered nurse staffing at the hospital. Over the past 2-3 years, despite great efforts to attract new staff there have always been at least 2 registered nurse vacancies which the Trust has been unable to recruit to.

Contingency plans have been put in place to ensure safe registered nurse staffing levels. These plans have relied heavily on the good will and flexibility of the

substantive workforce, as well as an over reliance on bank and Agency staffing and are not sustainable in the longer term.

The risks associated with the continued use of Agency staff are significant. There is little or no continuity of care for patients resulting in patient safety concerns and inefficient practices. The cost of mitigating the risk in this way is also unacceptably high, however, at no stage have any budget limitations been applied.

### **3. Interview with Deputy Medical Director Southern Health**

The Deputy Medical Director is of the view that the model of care at Odiham cottage hospital does not fit with the broader strategic needs of the population. Although not directly involved with the decision to withdraw inpatient services she supports the view that the model of care needs to be reviewed to better serve the needs of the population.

### **4. Minutes of Board meetings and clinical governance committees**

From papers collated from Clinical Governance Committees and related action plans and audit plans between Sep 2008 and Nov 2010, there is evidence of a number of risks being highlighted. These include evidence of unsuccessful recruitment of permanent staff, particularly Bands 5 and 6, leading to a reliance on bank and Agency staff. GPs were involved in clinical governance meetings and received regular updates through monthly locality meetings, whilst GP's views were sought in recruitment of staff, briefings on the hospital, its patient profile, costs and governance issues

Staffing issues described in meeting notes include:

- The requirement for training in supervision, mentoring and leadership. Also clinical skills training updates and HCA training to be second checkers were actioned
- Levels of pharmacy cover were said to be poor, so that staff were continually ordering patient medication
- Suggestions were made to build up the nursing bank pool (7 appointed eventually) to reduce Agency spend and fill posts
- One nurse was transferred from Fleet to Odiham to increase staffing levels
- No Occupational Therapy input was available for the MDT meetings. The Physiotherapist was retiring, there has been a lack of clarity regarding dietetic provision
- Ongoing Band 6 recruitment issues

### **5. Efficiency / effectiveness**

- Issues were reported with delayed discharges, an action was recorded to investigate resources for 'improving patient outcomes'
- Inappropriate admissions was an issue being investigated
- A review of discharge processes and admission protocols was undertaken and Length of Stay was reduced as a result

- Clinical and nursing records needed to be improved to be compliant with legal standards
- Some GPs were said to be not referring due to insufficient rehabilitation services being available on site
- Much evidence could be seen in the notes of audit plans and actions to ensure plans were undertaken. Audit plans included MRSA monitoring, nutrition, nursing documentation, cleaning, pressure area care, privacy and dignity, Matron walk rounds, hand hygiene

## 6. Profile of reported incidents, complaints and risk reports

In the notes reviewed, there appears to be thorough management of risks and issues at Odiham. The risk management strategy is clear, with a focus on staffing, bed management, admissions management, community admissions and acute hospital admissions. However a number of lesser issues are reported with a record of these being resolved.

- Staffing
  - Geographical isolation making recruitment difficult leading to safety issues, staff from other HCHC provision has been necessary, causing knock on problems elsewhere. No budget limits have been set but still difficult to staff wards.
  - Withdrawal of nursing services has led to more staff leaving.
  - Heavy reliance on Agency, leading to increased risk from lack of familiarity with process and procedure, consistency and dependability.
  - Existing staff having to do extra hours and some long term sick leave in the team.
- Environment
- Health and Safety issues were raised due to the occasional absence of a regular cleaner. Complaints appear to have been managed methodically, with those reported apparently unrelated to staffing issues
- Risks since April 2009, now closed.

Business continuity	1	closed Aug 10
Clinical risk	5	4 closed
Health and safety	1	closed Jul 2009
Infection control	1	closed Jan 2011
Non-clinical	1	closed Sept 2009
Organisational	1	closed Feb 2010

- SIRIs - 2 pressure sores, one grade 3 and one grade 4 noted.
- Incidents - 92 incidents in all reported.
- Other - Staffing cover and particularly AHP cover was reported as an issue, with adult services cover provided by another community hospital, causing delays and disruption.

**7. Establishment figures and skill mix: nursing, support workers, therapists, on day and night shifts**

The staffing establishment for Odiham is set at 14.73 wte. This provides a mix of 43% registered to 57% unregistered workforce and a ratio of 1.2 nurses per bed. On a day to day basis this allows a rota of:

Shift	Registered nurse nos.	Health care support worker nos.	Total nurses on shift
Early	2	2	4
Late	1	2	3
Night	1	1	2

The budgeted establishment is in line with safe community hospital staffing. However, due to the recruitment difficulties at Odiham the number of registered nurse vacancies has continuously been greater than 35% (n=2) meaning that there has always been a heavy reliance on the use of temporary registered nurse staffing.

**8. Staff recruitment and retention**

The recruitment of registered nurses to Odiham hospital has been a continued and sustained challenge for a number of years.

- Market forces make it very difficult to attract new recruits. These include:
- Proximity to the Surrey border where London weighting is paid
- Absence of good public transport links
- Expensive housing costs

Southern Health has attempted a number of different initiatives to try and attract staff including:

- Recruitment open days
- Introducing rotational posts across other community hospital sites
- Repeated advertising

Despite these efforts recruitment of registered nurses has largely been unsuccessful. Since the announcement to withdraw nursing services three registered nurses have, not surprisingly, resigned from their positions. The reasons for this were to move to alternative employment. Prior to this, retention of staff was not an issue with staff remaining in post for long periods of time. There is no evidence to suggest that there has been poor leadership or support leading to high staff attrition, rather the issue has been an inability to attract new recruits to the hospital in the first place.

**9. Use of Agency staff and ability to cover shifts**

Southern Health has been very clear that there have never been any budget limitations on the use of Agency staff to cover registered nurse shifts. There have been a number of occasions when agencies have been unable to fill requested shifts.

This is largely due to the geographical position of the hospital, rather than the reluctance of Southern Health to attempt to address the problem. This unreliability to successfully fill shifts has impacted on the permanent staff in post. The following excerpt from an incident form illustrates this problem:

*"I was due to take an annual leave day today. I was informed yesterday by the nurse in charge that one trained Agency staff booked for today could not start until after 09.00. The Agency had not informed us and, the other Agency staff who was booked for today had never worked in Odiham before. I considered it was unsafe staffing arrangements and came into work."*

There is an increasing over-reliance on the good will of permanent staff to cover shifts. This is not sustainable in the longer term.

The dependence on Agency utilisation has increased over recent months exposing greater risks to the provision of safe care. It is well documented that an increased reliance on Agency nurses can lead to:

- *Reduced continuity of care*
- *Variable quality*
- *Reduced quality of care and increased risk of liability*
- *Increased management time to arrange cover*
- *Reduced morale of permanent staff*
- *Fatigue and burnout of permanent staff working overtime and assisting temporary nurses*

*Institute for Employment Studies (2010)*

The risks are further increased at Odiham because of the size of the unit. Agency nurses are often in charge of the hospital. This leads to an exposed level of risk, inefficient practice, poor coordination of patient management plans and subsequent increases in length of stay.

## **10. Medical cover provision**

Reports of GP OOH visits and advice provided to nurses in 2009, 2010 and 2011 (including first triage) were provided. A GP request to be able to admit patients to Odiham out of hours was raised and also admissions for palliative care patients implemented). Ward rounds are carried out on a weekly basis by Dr Shan.

## **11. Admission, transfer and discharge criteria**

The building was built circa 1910. Although the estate is in good condition, the layout is restricting in terms of the capability to easily observe patients or it's suitability to a rehabilitation environment. This means that the admission criterion is limited. There have been a number of incidences where Agency nurses in charge of the ward, who are unfamiliar with the hospital, have accepted inappropriate patient admissions. On review at least 50% of admissions between January and March could have been cared for in their home environment. Had staff who were familiar with the OCH admission processes been on duty, it is likely that these patients would have been cared for more appropriately in their home setting.

## Conclusions

The reason cited for the decision to withdraw nursing services from Odiham Cottage Hospital is stated as follows: increasing difficulty to staff the ward by any available means and an inability to provide the necessary assurance about the level of safety of the inpatient beds.

It is clear that despite continued and creative attempts to attract staff, Southern Health have failed to fill registered nurse vacancies. The continued use of temporary staff is unsustainable in the longer term and exposes the hospital to an increased level of risk. Attempts to employ registered nurses through agencies on block contracts have also failed. Agencies have frequently been unable to supply nurses and there have been a number of incidences where shifts are cancelled at the last minute. While robust clinical governance processes have been put in place to mitigate the impact and probability of any perceived risks, such a high level of risk is unsafe for patients and costly to manage. Where possible this should be reduced. This situation is unsustainable going forward. Thus, it is our view that the decision to withdraw nursing services by Southern Health is justified.



**Caroline Ainslie**  
Deputy Chief Nurse



**Nicola Priest**  
Head of Quality Improvement

## **Appendix Five: East Hants Community Hospitals Project Chase Community Hospital Engagement Report**

### **1. Introduction**

Further to discussions regarding the potential development of the range of services at Chase Community Hospital for the last three years, we have been conducting engagement to seek the views of local residents before a set of options for the future of the site is developed.

The aim of the engagement was to provide feedback to the local Clinical Commissioning Group and NHS Hampshire to develop the right package of outpatient services while developing options for high quality inpatient care in the local area.

We planned and conducted a range of engagement sessions across Whitehill, Bordon and local areas to inform the development of the future options before a second phase of communications and engagement on these options takes place.

### **2. Background**

Chase Community Hospital is in Whitehill and Bordon, a town with a high population of military families, and a growing population of young people and families. Whitehill and Bordon is the second biggest town in east Hampshire and is currently looking to develop as an eco-town. Transport links in the local area are poor and there is a higher rate of deprivation than the nearby towns of Alton and Petersfield.

Chase Community Hospital currently provides a range of services including:

1. A range of outpatient clinics
2. Antenatal classes
3. Leg ulcer clinic (launched in March 2011)
4. 12 inpatient beds (8 currently in use).

The site is also a base for:

- Chase Day Centre
- Pharmacy
- Out of Hours
- Youth Service.

The Outpatient Physiotherapy department has recently been refurbished with a brand new reception area and some disused rooms reopened to accommodate the increasing number of local people using the service.

The inpatient ward at the hospital provides three types of care:

- 'Step up' admission avoidance
- 'Step down' rehabilitation following an admission to an acute hospital
- End of life care for patients who choose to die in a community hospital setting.

In recent years there has been a significant reduction in the average length of stay for inpatients. In 2007 the average length of stay for an inpatient admission was 36 days. This has now reduced by around 30% to approximately 20 days. Occupancy rates also vary throughout the year from 92% down to 58%.

The provision of routine only diagnostic tests and the absence of round the clock medical cover at community hospitals limits the range of patients that can be cared for safely and appropriately. Therefore patients with more complex needs do not meet the clinical admission criteria for a community hospital and need to be treated elsewhere.

In addition Southern Health NHS Foundation Trust has been working to develop services that allow patients to return home as soon as possible which avoids unnecessary stays in hospital. Early supported discharge services have been introduced to enable this. Community nursing and therapy staff now also work together in integrated teams and provide assessments and care in patients homes. The teams are able to respond to someone in crisis at home within one hour and are able to support them to remain at home until they regain independence and avoiding admission to hospital, including a community hospital.

The changes in the needs of patients and the ways in which healthcare staff can support their needs in their own homes means that current inpatient services at Chase Community Hospital are underutilised.

In contrast newly developed services that provide assessment and treatment for patients with long term conditions have seen an increase in demand. In addition medical advances means patients can now receive the treatment they need, such as blood transfusion and intravenous therapy, as a day case instead of needing to be admitted to hospital.

These popular and cost effective services have traditionally been fitted into small areas on the wards where the beds are not currently open. This means that there are often inadequate clinical and waiting room facilities that do not meet current privacy and dignity standards. The hope is to develop these services more in the future by reducing the need for inpatient beds.

The aim of this engagement was to seek the views of local residents about how to develop the right services on the hospital site and make sure that people have access to the highest quality care.

The six week engagement period ran from Monday, May 16 until Friday, June 24, 2011.

### **3. Chase Hospital Stakeholder Group**

Engagement has been occurring around the future of Chase Community Hospital services for the last three years. A representative stakeholder group has been meeting during this time and has been discussing potential service options.

Members of this group include:

- Damien Hinds MP
- Cllr Adam Carew (County and Town Councillor)
- Cllr Zoyah Faddy (District and Town Councillor)
- Cllr Richard Stone (Town Councillor)
- Cllr Kevin Cawley (Town Councillor)
- Cllr Dr Bill Wain (Town Councillor)
- Trish Bell, Whitehill Town Council
- Yvonne Parker-Smith, League of Friends
- Jo Bennett, Age Concern Day Hospital
- Wendy Shone, Community First
- Justine Powell, Sheltered Housing
- Sally Stoodley, Patient/Public representative
- Eileen Grinter, Hampshire LINK
- Ian Georgii, Pinehill Patient and Public Group
- Whitehill and Bordon Community Association

The plans for the engagement period were developed with the Stakeholder Group including the drafting of information stands and a survey. Both were discussed in detail with members, including Cllr Carew and Cllr Wain, making comments about the details in both documents. All of the feedback was incorporated into revised versions which were shared with the group by email. Subsequent comments were received from four members including Cllr Carew and Cllr Wain and this feedback has been used to produce the final versions.

### **4. How did we let people know?**

A wide range of activity took place to publicise the engagement sessions and online survey. Activity included:

- Production of flyers and posters
- Poster copy displayed on digital display units in Forest Community Centre, Bordon Care Shop and Phoenix Theatre
- Engagement session dates added to East Hants District Council website
- Engagement session dates added to Whitehill Town Council website
- Posters sent to local GP practices, pharmacies, leisure centre, library and three local halls
- Emails/letters with posters sent directly to a wide range of local stakeholders and groups
- Emails with posters sent directly to local schools, college and Childrens Centre

- Press release issued and used by local media including the Bordon Herald and Petersfield Post
- Webpage created on NHS Hampshire website

## 5. Activity

Five drop-in sessions were held in total. We ensured these occurred in different venues across the area and at different times of the day, to try to reach a wide range of communities and ages.

The following table details the drop-in sessions and the number of people who attended.

Date, time and venue	Number of people who attended
Thursday, May 26 from 1 to 5pm Outside Tesco Express, Liss	15 people were spoken to and took surveys away to complete 21 people were spoken to and completed surveys
Saturday, May 28 from 10am to 2pm Outside Bordon Care Shop, Bordon	Members of the League of Friends joined us at this session 86 people were spoken to and took surveys away to complete 26 people were spoken to and completed surveys
Wednesday, June 1 from 4 to 7pm Liphook Millennium Hall	1 person was spoken to and took surveys away to complete 4 people were spoken to and completed surveys
Wednesday, June 8 from 10am to 2pm Forest Community Centre, Bordon	2 people were spoken to and took surveys away to complete 5 people were spoken to and completed surveys
Thursday, June 16 from 4pm to 7pm The Woodlark Pub, Bordon	2 people were spoken to and completed surveys

We also undertook a number of other activities. These were:

- Attending the Whitehill Bordon Eco Town Community Facilities and Amenities Specialist Group on Tuesday, May 10 to give a presentation and discuss potential ideas for services at the hospital (17 people attended)
- Attending the Health and Wellbeing Partnership – East Hants Delivery Group on Thursday, May 19 to give a presentation and discuss potential ideals for services at the hospital (approximately 30 people attended)
- Receiving comments and suggestions gathered from visitors to the hospital by the League of Friends (13 comments received)

- Attending the Blackmore and Whitehill Women's Institute to give a presentation and discuss potential ideas for services at the hospital (34 people attended)
- Visited Chase Childrens Centre to talk to local parents and giving them surveys to complete (25 surveys completed)

The comments and feedback from these discussions have been included in the key themes of this report (see section six).

## 6. Survey results and feedback

209 surveys were completed either online or via a paper survey posted back. NHS Hampshire recognises this is a low response rate but believes the promotional activity that took place was extensive. Below is a summary of the survey results.

- **Age**

The survey was completed by a range of ages with:

- 39% aged between 61 and 75 years
- 24% aged between 41 and 60 years
- 17% aged over 75 years
- 16% aged between 26 and 40 years

- **Gender**

The majority of those completing the survey were female (79%).

- **Postcode**

196 respondents entered their postcode. Of these 79% (156) live in the Bordon area, 10% (20) in Liss and 10% (19) live in Alton, Haslemere, Hindhead, Liphook and Petersfield.

- **Satisfaction with current healthcare services**

Satisfaction rates with current healthcare services were predominately high.

- 96% of respondents were very or fairly satisfied with GP services
- 86% of respondents were very or fairly satisfied with Out of Hours services
- 85% of respondents were very or fairly satisfied with dental services
- 90% of respondents were very or fairly satisfied with outpatient services
- 81% of respondents were very or fairly satisfied with in-patient services
- 93% of respondents were very or fairly satisfied with pharmacy services

- **GP registration**

80% of respondents are registered with the surgeries that are based in the Whitehill Bordon area. 20% are registered with surgeries in the surrounding area including Liphook, Liss and Petersfield.

- **Healthcare needs that could be better met**

78% of respondents did not feel they or a member of their household has a healthcare need that could be better met.

Comments made by respondents (22%) who felt they or a member of their household did have a healthcare need that could be better met have been included in the key themes of this report (see section six).

- **Carer responsibilities**

Only 10% of respondents are carers for a member of their family.

- **Value of different aspects of bed-based care**

Respondents were asked to rank seven aspects of bed-based care in the order of importance to them. The results demonstrated that the most important to least important are as follows:

- Feeling confident in the doctors, nurses or therapists caring for me
- Care with dignity
- Distance from home
- Being on a single sex ward
- Having my own room with toilet and washing facilities
- A small, intimate environment
- Being in a modern environment

The comments made under Other have been included in the key themes of this report (see section six).

- **Reasonable distance to travel**

Respondents were asked what they considered to be a reasonable distance to travel for services.

1.042% said it was reasonable to travel 7 to 10 miles for an in-patient stay with 36% saying 0 to 7 miles and 21% saying over 10 miles

2.051% said it was reasonable to travel 0 to 7 miles for an outpatient/day service with 39% saying 7 to 10 miles and 9% saying over 10 miles

3.070% said it was reasonable to travel 0 to 7 miles for minor injuries services with 24% saying 7 to 10 miles and 4% saying over 10 miles

- **Method of transport**

The majority of respondents (84%) travel by their own car with 7% getting a lift from friends and/or family and 4% using volunteer transport services.

- **Suggestions for additional outpatient clinics or services**

Respondents were asked if they would like to see additional clinics or services provided at the hospital and 143 (72%) said yes. Of these respondents a number made suggestions on what these or additional outpatient clinics or services should be and these with the number of respondents making the suggestion are as follows.

<b>Suggested outpatient clinic or service</b>	<b>No of respondents</b>
Minor Injuries Clinic/Service/Unit	34
Diabetes clinics/services	22
More consultant led clinics/services	17
More OPD clinics/services	17
Cardiac/Healthy Hearts clinics/services	16
Podiatry/Chiropody clinics/services	14
Mental health services (inc counselling)	12
Memory clinics/services	12
Falls clinics/services	11
COPD clinics	10
A&E	9
Audiology (inc hearing assessments, hearing aid clinics and batteries)	8
Services for children and teenagers	8
Rehab clinics/services	8
Diagnostics (MRI, CT, Ultrasound, Breast screening)	7
Expert Patients Programme	7
Cancer/Oncology/Chemo clinics	6
Sexual health clinics/services	6
Alcohol support clinics/services	6
Phlebotomy (blood testing and screening)	5
Leg Ulcer clinics/services	5
Palliative care	4
Antenatal clinics/services	4
Dental clinic	3
Stroke clinics/services	3
Pre-op assessments	3
Occupational therapy clinics/services	2
Blood transfusion service	2
Speech therapy clinics/services	2
Chronic pain clinics/services	2
Information hub about other services	2
Physiotherapy clinics/services	2
Orthopaedics clinics/services	2
Eye clinic	2
Rheumatology clinics/services	1

Stoma care clinics/services	1
Epilepsy clinics/services	1
Incontinence clinics/services	1
Rhinitis clinics/services	1
Colonoscopy clinics/services	1
Osteopathy clinics/services	1
Dialysis clinics/services	1
Prostate clinics/services	1
Asthma care clinics/services	1
Retinal screening	1
Oxygen assessment clinics/services	1
Dementia clinics/services	1
Dietician clinics/services	1
Orthotics clinics/services	1
Eczema clinics/services	1
Domiciliary care	1
Respite care	1

- **Experience at Chase Community Hospital**

Respondents were asked about their experience at Chase Community Hospital.

3.042% have been seen as an outpatient

4.023% have visited the Out of Hours service

5.021% have had a member of their family or a friend stay as an in-patient

6.06% have received treatment as a day case patient

7.04% have been an in-patient

- **Satisfaction of experience at Chase Community Hospital**

Satisfaction rates with services at Chase Community Hospital were predominately high.

- 90% of respondents thought in-patient services were excellent or good
- 90% of respondents thought outpatient services were excellent or good
- 88% of respondents thought day case services were excellent or good
- 84% of respondents thought the Out of Hours service was excellent or good

## 7. Themes

The survey had two questions which included space for other comments and a final question asking for any other comments about the future options for the development of potential services at Chase Community Hospital.

The following highlights the key themes from these responses and the number of comments received that relate to each one.

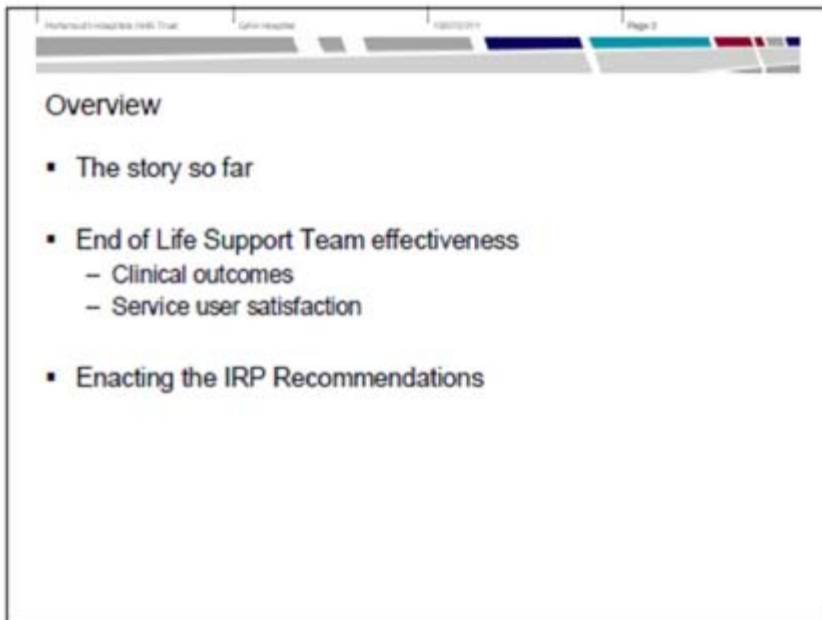
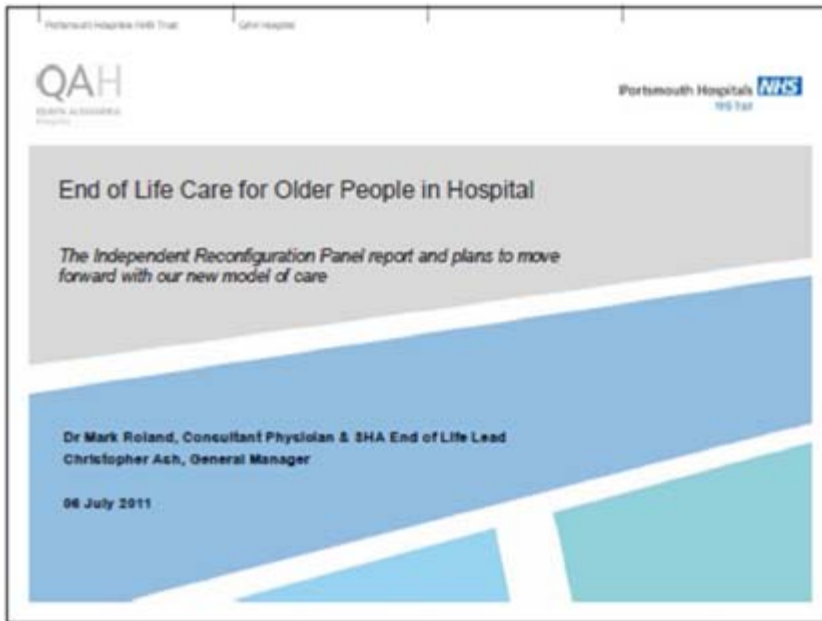
Theme	No of comments
Supports and values the hospital	63
Travel/distance to other hospitals is an issue	32
Praises the hospital and services	17
The hospital is underused	13
Beds have been reduced and should be used better	12
Need better promotion of the services available	10
Need more services with the potential population increase with the eco-town	9
Clinic waiting times are too long	7
Increase the use and availability of x-ray and diagnostics	6
Develop a social element (such as foster carer /looked after children support, links with schools, fitness classes for senior citizens, rent rooms to local therapists)	6
Supports the development of reablement beds	2
Need more services to support patients at home	1
Inpatients should be in nursing homes, not hospitals	1
League of Friends have bought various pieces of equipment that isn't being used	1
Physiotherapy has a contract with the Army	1
Many clinics aren't running	1

## 8. Next steps

This report provides an overview of the feedback which will be used to help determine the future options for the development of potential services at Chase Community Hospital. In addition, a workshop with the Clinical Commissioning Group and local GPs was held on July 13 and the feedback is being collated.

The next steps will include sharing this report and the clinical feedback with the Chase Community Hospital Stakeholder Group to work through option development for the site. Once this is complete there will be a second phase of engagement on these options before a preferred option is chosen to move forward.

**Appendix Six:** Portsmouth Hospitals Trust – Support for people who are terminally ill



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### Chronology

- August 2010
  - G5 ward closes to enact new Support Team model for End of Life Care
- September 2010
  - End of Life Support Team commence operation on MOPRS wards, and D3 Hip Fracture ward
- November 2010
  - End of Life Satisfaction Questionnaire launched
- December 2010
  - Secretary of State asks IRP to review service change
- May 2011 -
  - IRP report recommends that reversal of service change is not sustainable
  - Report makes wide reaching recommendations about development of End of Life care (EOLC) in the Portsmouth & South East Hampshire health system.

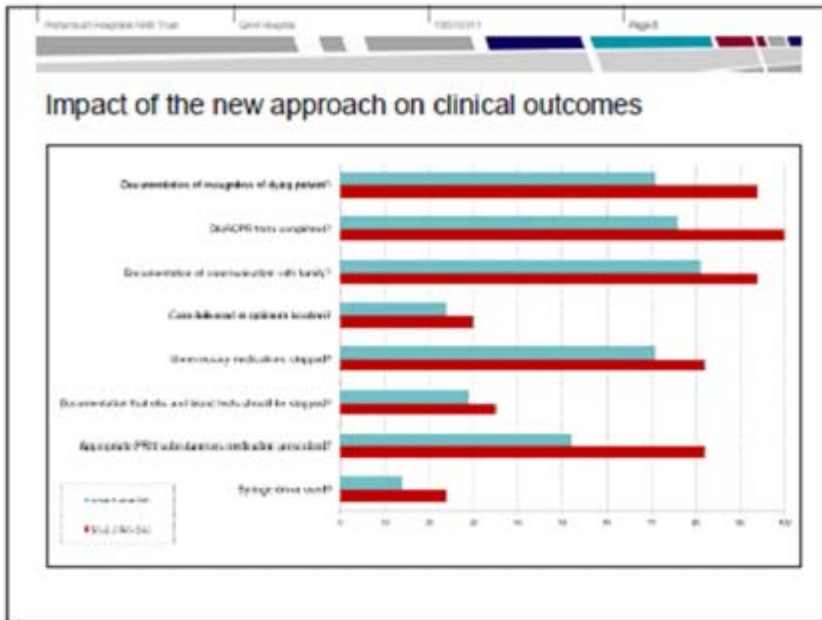
Portsmouth Hospitals NHS Trust      Q4 2010-11      15/02/2011      Page 2

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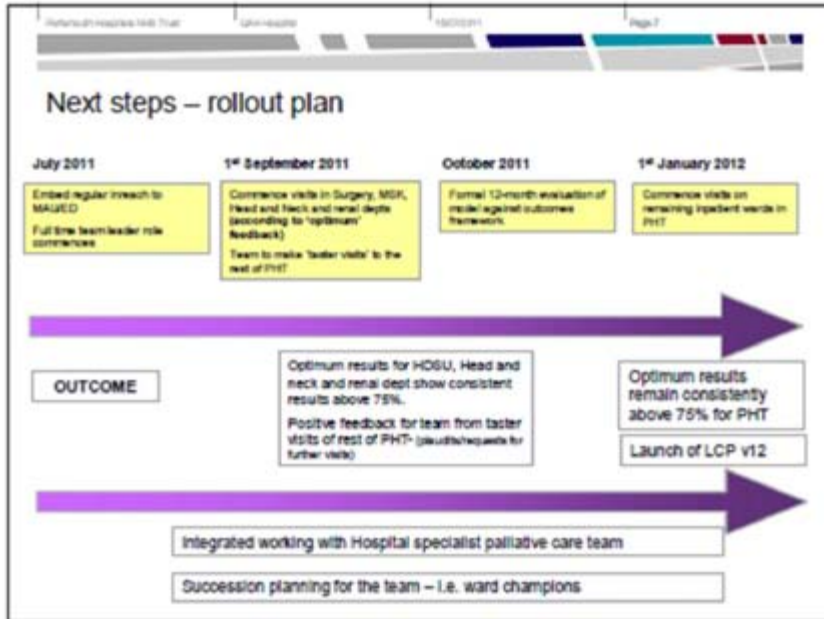
### Impact of the new model on 'service user' satisfaction

- Overall PHT satisfaction with End of Life care 85%
- MOPRS scores highest among specialties with high inpatient deaths
  - Only 9.5% of service users report satisfaction level less than 80%
  - 40% of service users report 100% satisfaction
- Reduction in complaints related to End of Life care:

Period	PHT Complaints (EOLC)	IP which relating to EOLC
Sep 09 - Dec 09	8	4
Sep 10 - Dec 10	6	1
Jan 11 - Jul 11	5	0



- Hospitals/regions/units Trust
Page 8
- 
- ### Quality contract
- 2010/11
- Target 25% hospital deaths on Liverpool Care of the Dying Pathway (LCDP) – achieved 40%
  - Target 40% group B staff have recorded evidence of EOLC training, achieved 37% plus an additional 150 medical staff receiving training in formal teaching sessions during year
- 2011/12
- Target 50% hospital deaths on LCDP – first quarter data being collated and will be available for HOSP/HOSC meetings
  - Develop a locality register for EOLC incorporating advanced care planning – MR will update at meetings

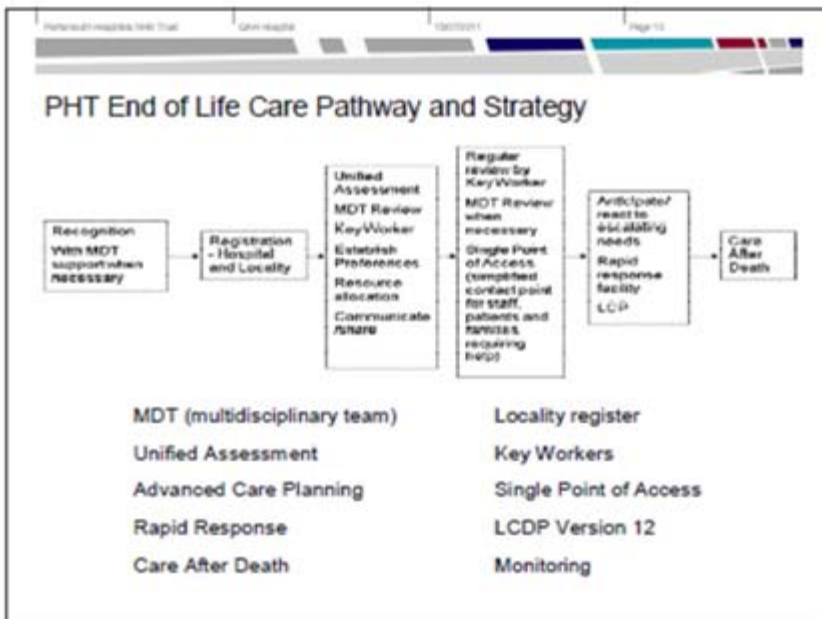


- Warrington Hospice NHS Trust | Governance | Operations | Page 8
- ### The IRP Recommendations
- 10 recommendations included in IRP report, with responsibility spread across agencies
  - PHT coordinating tracking of associated actions
  - Single action plan:
    - End of Life Steering Group overseeing delivery of plan
    - Task & Finish Groups with key stakeholders to monitor detailed actions
  - Development of PHT End of Life Care Pathway and Strategy

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### IRP Recommendations and Actions to Date

No	Recommendation	Action	Due date
1	Underpinning qualities	To guide other actions	Ongoing
2	Overarching area strategy	By PCT's for 2012/13 commissioning plans	November 2011
3	Not sustainable to reopen G6	NI specific	-
4	MOPRD EOLC operational plan	To review and enhance existing plans	Actioned
5	Reference group to review MOPRD EOL service	Establishing working group by end of July, to report by Nov 2011	July 2011 – Nov 2011
6	Reference group to audit PHT EOLC facilities	Establishing working group by end of July, to report by Nov 2011	July 2011 – Nov 2011
7	Trust Board to ensure MOPRD business plan updated to reflect recommendations from 5 & 6	As recommendation	Nov-Dec 2011
8	PHT review approach to public & Patient involvement	Review business planning policy to ensure proforma reflects communication required for specific service developments	Actioned
9	Portsmouth HOSP review policy and procedures	Portsmouth HOSP to review policy & procedures to ensure relevant issues can be identified and acted upon in a timely manner	To be agreed
10	South Central DHA to underpin whole	Under regular review with close contacts	Monthly update



Any questions?

## **Appendix Seven Locks Road Surgery Update on the proposed closure of Locks Road Branch Surgery, Locks Heath**

Work is underway to develop options for the future provision of GP medical services for patients currently seen at Locks Road Surgery, Fareham.

A complete review of all NHS buildings in the local area started in April and will be complete by August. It is looking at the current standard of the buildings, any investment that may be needed, occupancy levels and the potential to further develop these buildings in the future. All of this information will then be used to develop a range of options that will be discussed with local GPs over the summer and patients who use the surgery in the autumn.

NHS Hampshire recognises Dr Whitaker and Partners' aspiration to close their Locks Road Branch Surgery and consolidate services at their main surgery in Whiteley. This is partly due to the work necessary to ensure the branch surgery building remains at current standards but also to staff changes, including the recent retirement of a GP along with the move overseas of another.

We know many patients have raised concerns including the distance and ability to travel to Whiteley and the availability of suitable alternative services if they do not want to travel to the main surgery. We have agreed with the practice that NHS Hampshire has deferred making a decision on the closure until we have worked together with patients and local practices to explore the availability and feasibility of all options for providing GP services in the Locks Heath area. Dr Whitaker and Partners are continuing to provide services at both of their surgeries until a final decision is made about the potential closure of Locks Road Surgery.

Once the review of NHS buildings is complete in August we will consider all of the potential options for providing GP services in the Locks Heath area. This will be followed by discussions on these options with patients, public and key stakeholders. These discussions are scheduled to start in the autumn and will be managed as an independent engagement process by Hampshire LINK – the organisation whose role is to find out what people like and dislike about local health and social care services and work with the people who plan and run them to help make them better.

A press release based on this update has been issued to the local media and other local communications channels. It has also been shared with the Leader of Fareham Borough Council.

## **Appendix Eight: Fitness for Surgery**

### **‘Fitness for Surgery’**

#### **Supporting patients to stop smoking before referral to surgery briefing**

##### Background

NHS Hampshire has developed the ‘fitness for surgery’ protocol within its wider QIPP1 programme. The protocol has been developed collaboratively with Portsmouth and Southampton PCTs and aims to enable patients who smoke to be referred to their local NHS stop smoking service to quit prior to their referral for non-urgent surgery or secondary care procedures.

This approach is based on good clinical evidence regarding improved patient outcomes and recovery. Hampshire has modelled the impact of this protocol using the NICE commissioning tool and demonstrated system cost savings. The initiative will also contribute towards the PCT’s increased 2011/12 four week quitter target.

The implementation of the protocol responds to the patient experience evidence that patients considering secondary care are most likely to choose to stop smoking before their operation if advised to do so by their GP or other clinician.

In 2009/10 there were 154,577 elective care hospital episodes (excluding day cases) in Hampshire of which around 22,000 would be smokers. 1,900 of these admissions were admitted for a health condition directly related to their smoking.

##### **Aim**

To provide clinical support for abstinence from smoking prior to surgery to ensure the best possible outcome for the patient.

##### **Opportunity**

Referral for non-urgent elective procedures provides the opportunity for patients who smoke, who may be more receptive and motivated; to be referred into a specialist stop smoking service to assist them to stop before their operation. In addition, the hospital smoke free environment creates the right climate for supporting the patient to quit.

##### **Benefits**

The ‘Fitness for Surgery’ initiative supports best practice and improved outcomes for patients. A patient who smokes is at greater risk of anaesthetic complications and surgical site infections. Smoking cessation services offer an effective intervention to enable patients to stop smoking at a time when they are most likely to be receptive and to succeed.

Patients benefit from stopping smoking at least four weeks prior to surgery, with greater benefits seen when they quit eight to 12 weeks before the procedure.

##### **Increasing ‘Fitness for Surgery’ initiative – how will it work?**

All patients considering non-urgent surgery will first have their smoking status reviewed by their GP and/or consultant.

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1 QIPP is the PCT’s Quality, Innovation, Productivity and Prevention programme

Patients identified as ‘a smoker’ will be strongly advised to stop smoking, and the clinical benefits of quitting prior to surgery explained. The ‘best practice’ approach recommended by the Department of Health is a brief intervention in terms of the **3As**:

- **ASK** and record patient’s smoking status
- **ADVISE** the patient of the health and surgical benefits of stopping smoking
- **ACT** on the patient’s response and refer to NHS Stop Smoking Service.

Local NHS stop smoking services are building capacity to deliver this initiative. Patients supported with specialist services are more successful than others, especially when the patient is more motivated to quit before their operation.

Once referred and engaged in smoking cessation any patient who relapses will remain on the elective register but will be supported to make a further quit attempt prior to their treatment.

If a patient does not agree to quit the GP can refer but clearly stating the patient has declined. It will then be up to the hospital consultant to assess the benefit from the operation outweighing the significant risks of smoking using the best practice 3As approach above. If they feel the risks of smoking outweigh the benefit from the procedure, they may refer the patient back to the GP for smoking cessation support.

The pre-operative assessment also provides an opportunity to reinforce and support the patient to quit or maintain smoking cessation.

‘Fitness for Surgery’ is aimed at planned, non-urgent cases although the following specific patient groups should also be given the appropriate information on the harm from smoking and offered the opportunity to quit:

- 5.0 Urgent unscheduled cases
- 6.0 ‘Red flag’ patients needing orthopaedic referral
- 7.0 Cancer patients or those needing the ‘2 week urgent referral pathway’
- 8.0 People with serious mental illness (on the GP SMI register)
- 9.0 People with learning disabilities
- 10.0 Under 18 paediatrics.

#### **Referral to the stop smoking service**

NHS Hampshire offers stop smoking support via the successful NHS Stop Smoking Service, Quit4Life, provided by Southern Health NHS Foundation Trust. Patients can be referred directly into the Quit4Life service by email [quit4life@nhs.net](mailto:quit4life@nhs.net) , telephone (0845 602 4663) or fax (01252 335123). The only details required are the patient’s name, date of birth and contact telephone number. The Quit4Life service will contact the patient within two days and talk them through their options for quitting.

The service will continue to provide support to the patient on discharge to maintain the quit to ensure the best possible outcome for the patient from the procedure and their longer term health.