

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of meeting:	28 September 2010
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
Hampshire Community Health Care	HOSC Chairman	<p>HCHC is in the process of integrating with HPNHSFT. This is an organisation change that should not impact on services.</p> <p>The summary OBC for this will be forwarded when received.</p>	
<p>Recommendation: Any additional information requested by members is provided</p>			
Hythe Hospital	Member for Dibden and Hythe	<p>Members were advised in May about the closure of inpatient beds at Hythe Community Hospital due to staff shortages. It was expected that this closure would allow for maintenance work in the ward areas to be carried out to improve the ward environment and that an innovative solution to the staff shortages was imminent.</p> <p>A statement from HCHC will be forwarded when received.</p>	
<p>Recommendations:</p>			
Fordingbridge Hospital	NHS Hampshire	<p>A short statement relating to the plans to temporarily close inpatients beds at Fordingbridge Hospital is attached at Appendix Three</p>	
<p>Recommendation: Any additional information requested by members is provided.</p>			

Topic/inquiry	Source	Action Taken	Comment
<p>Andover Birth Centre. Temporary closure and proposal to consult on relocating inpatient beds to WEHT</p>	<p>HOSC Chairman</p>	<p>The paper attached at Appendix Four outlines the intention of WEHT to close the inpatient beds at Andover Birth Centre (ABC) without consultation on the grounds of that staff shortages could compromise patient safety and proposal to consult on the relocation of the inpatient beds currently provided at ABC to WEHT.</p> <p>The NHS Hampshire position with respect to the temporary closure of midwife-led birth centres is attached at Appendix Five.</p>	
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Temporary Closure: Members determine if they are satisfied with the case put forward for the temporary closure of the inpatient beds at ABC 2. Proposal to close the inpatient beds at ABC and re-provide them at WEHT. Members determine if they consider that the proposal represents a substantial variation in service requiring public consultation 			
<p>Temporary Closure of Petersfield and Gosport Birth Centres</p>	<p>Portsmouth Hospitals NHS Trust</p>	<p>PHT has advised the HOSC of the need for temporary urgent action to close 2 stand alone midwife led birth centres with effect from 25 September. The closure will be for 3 months.</p> <p>A statement from the Trust is attached at Appendix Six</p>	<p>The NHS Hampshire position in relation to this change is as at Appendix Five.</p>
<p>Recommendation: Members determine if they are satisfied with the case put forward for a temporary closure of the Petersfield and Gosport Birth Centres</p>			

Topic/inquiry	Source	Action Taken	Comment
South east Hampshire Community Stroke Services	Portsmouth Hospitals NHS Trust	PHT has provided a briefing note for members about the extension of community stroke services in south east Hampshire (see Appendix Seven)	
Recommendation: the extension of this service is noted			

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 Three: Fordingbridge Hospital. Temporary Closure of Inpatients Beds. Statement form NHS Hampshire

Earlier this year regular inspections of Fordingbridge Hospital revealed that there was a problem with high legionella counts in the water supply. To ensure that the hospital could remain open, we put in place an immediate, but interim, solution which entailed the instalment of filters to the water system and these have been working well since that time. However the filters have to be replaced each month at a cost of £18.5k per month and the latest counts for legionella have shown that despite the filters the levels of legionella are increasing. It is clear that the interim solution is both clinically and financially unsustainable so a more robust solution is required asap.

We have therefore decided that in order to provide a safe and sustainable hot water system quickly we will install point of source water heaters. This will mean that the heating will still be provided by the existing main boiler system but the hot water will be segregated from the old system and this will take away the legionnaires risk. This allows us to do the work on a room by room basis so outpatients/clinics can remain operational while building work takes place.

This will not be possible for inpatient services as there will be no hot water for showers/washing. We have therefore taken the difficult decision to vacate Ford ward from the 4th October for four weeks to permit the works. This allows us time to increase capacity at LNFH and Romsey to accommodate patients and to also work with Salisbury to put in place robust arrangements for the 4 week period.

Appendix Four:

BRIEFING PAPER RE ABC FOR HAMPSHIRE COUNTY COUNCIL HOSC – SEPTEMBER 2010

1. ABC – a summary

Andover Birth Centre (ABC) is managed by Winchester and Eastleigh Healthcare NHS Trust and is within the grounds of the Andover War Memorial Hospital. It has five postnatal beds and two labour rooms, one of which has a birthing pool.

The ABC is a stand alone midwife led unit providing care for women in pregnancy, birth and after delivery. It is able to manage low risk births only which require limited pain relief (not epidural). There is no 24hr obstetric, paediatric or anaesthetic cover. Women whose labours become complicated are transferred by ambulance to the RHCH.

The Trust refers to services offered at the ABC as either 'inpatient' (births and postnatal stays) or 'outpatient' – referring to the wide range of ante and postnatal clinics and drop-in sessions offered.

There are approximately only four births per week at the ABC whereas more than 140 women use the ABC's outpatient services each week.

The staffing levels across the service were a concern towards the end of last year and the Trust suspended the inpatient service at the ABC in order to ensure that there were safe staffing levels across the whole of the maternity service but particularly at the Royal Hampshire County Hospital (RHCH) in Winchester where the vast majority of women in the local area choose to give birth. The suspension ran from December 2009 to the end of April 2010.

Home births and outpatient services were unaffected and continued to run as normal.

Please note that three current papers on the ABC (which are summarised in this briefing paper) are available on the Trust's website www.wehct.nhs.uk

2. Current situation

There are two separate issues affecting the ABC.

1. The first is the low number of babies born at the centre and the impact this has on the sustainability (financial and logistical) of the Trust's maternity service. The maternity service covers the ABC, home births and deliveries at the RHCH, Winchester. The number of births at the ABC has remained largely the same despite marketing the centre with an open day, in the media and through local networks. The recent increase in the number of new homes in the area has not translated into more deliveries at the ABC.
2. The second issue is the temporary pressure on staffing. The Trust has done well – against the backdrop of a national midwife shortage – to keep attracting new midwives into the service. However, the staffing levels across the maternity team have remained a challenge for several years. Presently, a number of senior midwives are on long term leave for a range of valid and unavoidable reasons - not holiday. It has not been possible to provide cover. The situation will ease when staff return to work and when the Trust's newly qualified midwives can work unsupervised in Spring 2011.

3. Activity Summary

Figures from a paper recently submitted to the Trust's executive management team show that there were 73 births in the first 17 weeks since births recommenced at the unit, an average of four per week. The number of births has remained broadly the same as previous years despite concerted efforts to market the facility and encourage more women to deliver there.

The birth figures for previous years were:

- 2007/08 – a total of 233 births of which 15 were home births
- 2008/09 – a total of 231 births of which 19 were home births

- 2009/10 – a total of 177 births of which 38 were home births (the suspension of inpatient services accounts for the lower number)

The transfer rate for women in labour to the RHCH during this period remains around 33%, higher than other midwife led units in the country (25-30%).

The bed occupancy is as follows:

Month	2009	2010
May	17.2%	17.7%
June	22.8%	18.3%
July	21.5%	24.7%
August	20.4%	21.2%

4. Financial information

The cost per birth at the ABC is £1,085 compared to a cost of approximately £518 at the RHCH. Using these figures: $73 \times 1085 = £79,205$ and $73 \times 518 = £37,814$, it has cost the Trust an additional £41,391 to enable births at ABC.

5. Staffing summary (relating to long term strategic options)

A new staffing model was implemented when the unit reopened for births in April. This model was designed to reduce the expenditure on staff at times when there was no demand (ie no women at the ABC in labour or needing postnatal care). This would have greatly reduced staff costs and also made better use of senior maternity staff. However, this model proven not to be workable and it was necessary to revert to the original staff model of a 24/7 midwife presence which is clinically and financially unsustainable.

The demands across the service mean that midwives were and still are being sent from the busy maternity unit at Florence Portal House (Winchester) to Andover to provide cover at the ABC at times when there are no births and no women there requiring care.

6. Options appraisals (long term)

These options, developed by the Trust's Family Services Division relate to the long term strategic future of the inpatient services at the ABC and are not linked to the current staffing issues.

These options only affect the inpatient aspect of ABC's service. Outpatient services remain unaffected.

The EMT agreed that the options should be put forward to the Trust Board and to the wider public and that there should be robust engagement and consultation with all stakeholders.

The scoring criteria is 5 – achieves all the criteria fully 0 – achieves none of the criteria

Option	Criteria					Totals
	Quality and Safety	Choice and Access	Efficiency and value for money	Equity across population	Sustainability	
1. No change	4	3	2	2	0	11
2. Increase activity by working with Basingstoke	4	3	4	3	4	18
3. Domino service at Andover	2	3	2	2	1	10
4. Provide single site midwife led birthing centre	5	3	5	4	5	22

Option 1 – Do nothing

This option was discounted given the low number of women choosing to birth at Andover which makes this option clinically and financially unaffordable. Due to the location of ABC there is not equity in access across the whole service.

Option 2 – Increase activity by working with Basingstoke

This option is not viable. The Trust approached Basingstoke with a view to collaborative working but they declined this. They have chosen to provide a midwife-led birthing service by opening co-located midwifery led beds on their main hospital site (with full consultant and medical back up) as per our option 4. This reflects a national trend.

Option 3 – Domino service

Under the DOMINO system, a midwife stays with the woman at home while in [labour](#) and will travel with them to hospital to deliver the baby and then return home with them. Whilst this would provide a service it was felt that it would not be sustainable and would not offer value for money. There is also concern about the quality and safety that this model would offer. This would not be a popular model for staff given the increased on call commitment and unpredictability of working pattern.

Option 4 – Provide a single, midwife led birthing centre

This option provides for the best possible service and ensures quality and safety, extends choice to women across WEHCT's catchment area (and in particular to the South), ensures value for money for the Trust and is sustainable.

In order to facilitate any relocation of services, the Trust would create two additional low risk midwife led birthing rooms at the RHCH. There are currently two rooms which include birth pool facilities. This provision of four low risk midwife led birthing rooms would enable a midwifery led birth facility to be available across the service. There would be a doubling of facilities which would be more than adequate to cover the current numbers of midwife led births at the ABC. The increased facilities would also enable more women to opt for a midwife led birth.

7. Engaging stakeholders on the options appraisal (long term)

The Trust is working with the SHA and NHS Hampshire on these options. It has begun an engagement exercise which so far has been focused on sharing and discussing current papers and options with a wide range of audiences.

Appendix A is a summary of what has happened so far or is planned in terms of engagement. This is 'work in progress' and will be developed.

In addition to the above, there are plans for an independently devised questionnaire to service users about the proposals as well as a range of other involvement exercises and materials.

The Trust is ready, willing and able to embark on a period of full public consultation in order that the views of stakeholders are taken into account. The EMT has approved a communications strategy which sets out the best practice guidelines and the current legislation governing engagement and consultation. This document will form part of the Board papers at the end of September and is publicly available via the website.

8. Measures in relation to the current staffing shortage

The current staffing shortages are, in large part, due to planned leave. This has been exacerbated by additional and unavoidable leave which could not have been foreseen. None of the leave relates to holidays. It has not been possible to backfill these posts.

Therefore, in the interests of providing a safe service, the Family Services division proposed to the EMT (on September 7) that urgent and temporary action should be taken in order to ensure safe staffing levels for women using the Trust's maternity service. Because the majority of births (more than 2,500 per year) occur at the RHCH, it is in the best interests of the safety and quality of the whole service to temporarily transfer the relatively low level of inpatient activity from the ABC to the RHCH.

It is expected that the staffing situation will improve by Spring 2011 when staff will have returned to work and also because preceptorship midwives will be able to work unsupervised.

The fact that the Trust has had time to plan for this suspension means that women who had planned to have babies at the ABC have been contacted. They are being given the option of a home birth, a midwife-led birth at the RHCH or assistance with booking elsewhere.

These options only affect the inpatient aspect of ABC's service. Outpatient services remain unaffected.

9. Next steps

The Trust Board will meet to discuss the long term strategic options at its meeting on September 29.

The Trust would like guidance from HCC's HOSC as to whether it views the proposed long term options as having the possibility of creating substantial change to the current model of service (irrespective of the current temporary and urgent action in relation to staffing shortages). The Trust seeks advice on the requirement for public consultation and in particular, how long might be required.

It would be helpful if guidance could be given at the meeting on September 28 or soon after. There is understandable anxiety about changes to this service, especially for women who would like to give birth at the ABC, and so the Trust would like to move forward with its engagement in order to pursue and implement a solution as soon as possible.

APPENDIX A

20 August 2010		Board papers sent to	WEHCT website, Sir George Young, HOSC, IPPF, SHA, PCT
26 August 2010		Board papers sent to	Andover Advertiser, Andover Sound, Facebook, Twitter
26 August 2010		Interview with	Andover Sound (JP)
02 September 2010		Board paper sent to	TVBC, Andover Health Forum, LINK
03 September 2010		Meeting with	Staff (JP)
07 September 2010		EMT paper sent to	SHA, PCT
07 September 2010		Comms strategy and plan sent to	SHA, PCT
09 September 2010		Board papers sent to	HOSC
09 September 2010		Meeting with	TVBC full council meeting (JP) IPPF (LH)
10 September 2010		Meeting with	Staff (JP&KF)
10 September 2010		Board papers sent to	Sir George Young
15 September 2010		Press release sent to	TVBC, staff, media, social media, website, MPs, HOSC, IPPF, SHA, PCT, Andover Health Forum, LINK
15 September 2010		Interview with	Andover Sound (CS)
16 September 2010		Meeting with	Andover Health Forum (CS)
17 September 2010			
20 September 2010			
21 September 2010			
22 September 2010			
23 September 2010		Meeting with	Sir George Young (CEO)
24 September 2010			
27 September 2010			
28 September 2010		Meeting with	HOSC (CEO)
29 September 2010			
30 September 2010		Meeting with	Health and Wellbeing Committee (CEO)
11 November 2010		Meeting with	Andover Health Forum (CS)

Appendix Five:

NHS Hampshire response to temporary closures of mid-wife led units

NHS Hampshire is committed to ensuring that women across Hampshire are able to exercise a choice about where to have their baby. We have recently been informed about the temporary suspension of births and post natal stays at Blake and the Grange Birth Centres from September 25 and at Andover from September 27.

Temporary three-month suspension of births and postnatal stays of Grange Maternity Centre in Petersfield and Blake Maternity Centre in Gosport by Portsmouth Hospitals NHS Trust

Portsmouth Hospitals NHS Trust has informed us that their midwifery teams are expecting a significant increase in the number of births between the end of September 2010 and January 2011. This predicted increase is based on a far higher number of 12 weeks scans performed earlier this year. The Trust would normally expect to perform about 500 scans a month. In March this figure was 680, in April it was 586 and in May 555 scans were performed. The Trust is anticipating that this will equate to a rise of around 300 more births than usual between the end of September and next January.

As a result Portsmouth Hospitals NHS Trust has informed NHS Hampshire that it needs to temporarily relocate midwifery staff from Grange Maternity Centre in Petersfield and Blake Maternity Centre in Gosport to Queen Alexandra Hospital in Cosham, where the majority of women have their baby. We have been assured these changes are temporary, commencing September 25, 2010 and expected to last four months with the two birthing centres re-opening on January 09, 2010.

We know from detailed public consultation in 2007 that both Blake and the Grange Birth Centres are valued by local women as a more accessible alternative to Queen Alexandra Hospital. We recognise that the decision to temporarily suspend births and postnatal stays at these centres has been a difficult one for Portsmouth Hospitals NHS Trust which may limit the choice for some women in the Gosport and Petersfield areas over the next few months.

Both the Trust clinical leads and an external clinical advisor have assured the PCT that this action is required in order to ensure the maintenance of a high quality, safe patient service over the autumn period. Therefore, NHS Hampshire fully supports this temporary suspension of births and postnatal stays as patient safety is our paramount interest.

Temporary suspension of births and postnatal stays at Andover Birth Centre by Winchester and Eastleigh Healthcare NHS Trust

Winchester and Eastleigh Healthcare NHS Trust has informed NHS Hampshire that a new staffing model which was introduced at Andover Birth Centre in April 2010 has not been sustainable and that as a result it was necessary to revert to the original staffing model which requires a 24/7 midwife presence at Andover Birth Centre. In addition, the Trust was made aware in August of long-term sickness among the midwifery team. This disproportionately affects senior midwives and includes staff based at Andover. These staffing difficulties should ease when staff return from leave and when the preceptorship midwives can work unsupervised in Spring 2011.

NHS Hampshire recognises that the decision to temporarily suspend the births and postnatal stays at the Andover Birth Centre will be disappointing to the local community especially given the temporary closure from the 1st December 2009 to the 26th April 2010 on the grounds of safety.

However, NHS Hampshire is pleased to note that the centre will continue to provide a wide and well used range of ante and postnatal clinic sessions and appointments. More than 140 women use the ABC each week for these and there are no plans to change this.

NHS Hampshire will be supporting Winchester and Eastleigh Healthcare NHS Trust in an urgent review of the long term sustainability of this Centre and will be working with the Trust to ensure that this takes account of the views of local women and their families.

There are currently just four babies born each week at the ABC and NHS Hampshire understands that this will continue to create financial and logistical difficulties for WEHCT.

Both Trusts will follow best practice in terms of engagement and consultation.

The view of NHS Hampshire

NHS Hampshire recognises that these decisions by Portsmouth Hospitals Trust and Winchester and Eastleigh Healthcare NHS Trust limit the choice of women in the Gosport, Andover and Petersfield areas and have therefore sought and received assurance from clinicians at both Trusts that this decision is absolutely necessary. NHS Hampshire also recognises that there is a national shortage of midwifery staff.

NHS Hampshire would like to stress, along with Portsmouth Hospitals NHS Trust and Winchester and Eastleigh Healthcare NHS Trust, that whilst women will not be able to deliver their babies at these centres or transfer to one after the birth, expectant mothers will still be able to access both ante and post natal care at the three centres.

Women in Andover and South East Hampshire will still be able to choose a midwife-led birth. Women from the Andover area who want a midwife-led birth will be supported with either a home birth or a delivery in the 'home from home' rooms (with birthing pool) at the Royal Hampshire County Hospital. Equally women in South East Hampshire will be supported with either a home birth or a birth at Portsmouth Maternity Centre or the co-located unit at Queen Alexandra Hospital, Portsmouth.

NHS Hampshire will be closely monitoring the situation and expect that Portsmouth Hospitals Trust will reopen their beds as soon as the high levels of births drops to usual levels. In addition, we will be in close contact with Winchester and Eastleigh Healthcare NHS Trust for updates on the staffing issues that have led to the temporary suspension of births at the Andover Birth Centre.

Appendix Six: Temporary relocation of ‘inpatient services’ (birth and postnatal stay) from Blake and Grange Maternity centres to Queen Alexandra Hospital

Summary

The Maternity Department at Portsmouth Hospitals NHS Trust is expecting an increase in the number of births during the autumn months. Figures from 12-week scans show that this could be approximately 300 more births than usual between the end of September and January. The Trust would normally expect to perform about 500 12-week scans a month. In March 680 12-week scans were carried out, in April this figure was 586 and in May 555 scans were performed. This data shows a surge in births will happen towards the end of September and January. This data is supported by the increase in caseload work for Community Midwives.

Action

The majority of the increases of expected births are likely to take place at Queen Alexandra Hospital in Cosham. To continue to safely and effectively manage the increase in expected activity, with 1:1 care in labour a priority, the Trust will temporarily relocate some midwives and support staff from Blake Maternity Centre in Gosport and Grange Maternity Centre in Petersfield to Queen Alexandra Hospital in Cosham. This will mean expectant mothers will not be able to give birth or have postnatal ‘inpatient’ care at either Blake or Grange, and that no maternity staff will be at these centres between 8pm and 8am.

Both Blake and Grange maternity centres will remain open for antenatal and postnatal clinics. The current provision for parent education classes and breastfeeding support will continue.

The temporary relocation will begin on 25 September 2010 and is expected to last for approximately three months with a proposed return to normal services on 9 January 2011. The Maternity Services will be constantly monitoring activity during this time.

Queen Alexandra Hospital has the capacity to accommodate the additional births, and pregnant women will still have the choice of a midwife-led birth at Portsmouth Maternity Centre at St Mary’s Hospital, B5 co-located unit (Mary Rose) based at Queen Alexandra Hospital or at home.

Background about Blake and Grange maternity centres

Blake and Grange maternity centres are commissioned by NHS Hampshire. They are both stand-alone maternity units which are midwife-led. They both have facilities where women can have midwife-led births as well as offering antenatal and postnatal support.

On average just under 3% of women a year choose to birth their babies at Blake and 3.4% of women a year choose to birth their babies at Grange. This is the lowest number of births for all of the Trust’s maternity centres. (Home births equate to just fewer than 2% of births)

For example in July 2010, of the 524 births conducted by Portsmouth Hospitals Maternity Services, 11 births took place at Blake and 17 births took place at Grange. This is compared to the 410 births that took place on the labour ward at Queen Alexandra Hospital. In August there were 10 births at Blake and 13 at Grange.

The Trust anticipates that the increase in the number of births during the autumn would see an additional six births at Blake and seven at Grange compared to an additional 155 births on the labour

ward at Queen Alexandra Hospital. As Blake and Grange accommodate the lowest number of births it is anticipated that relocating midwives from these centres will result in minimal disruption.

Safety

This decision to relocate some midwives and support staff from Blake and Grange is about the continued safety and quality care of women giving birth. The Trust is fully committed to providing excellent services in which expectant mothers can have their babies. Our priority is the 1:1 midwifery care of women in labour and the decision to relocate midwives and support staff from Blake and Grange maternity centres is the best and safest course of action to accommodate the predicted additional births.

The Trust must ensure the areas which are the busiest or look after the highest risk women – such as the labour ward at Queen Alexandra Hospital – have the correct staffing ratios to support women with the greatest need. By relocating midwives from Blake and Grange to Queen Alexandra Hospital we will be providing a safe service for the extra births and managing the additional capacity.

Birth Rate Acuity (Washbrook and Ball 2007) identify five categories of dependency for women during labour:

Category 5 are women who are clinically highly dependant due to ongoing medical conditions such as asthma and diabetes. Category 5 also applies to women who experience complications during labour and also include women with multiple pregnancies. Category 5 women require a ratio of 1:1.4 midwives for each woman.

Categories 3 and 4 are women requiring induction, an instrumental birth, or who give birth prematurely. These categories require a ratio 1:1.2 and 1:1.3 (respectively) midwives for each woman

Women in categories 1 and 2 experience a routine birth and require 1:1 midwifery care.

In conclusion to safeguard the ongoing care of all women during the increase in activity, the relocation of staff enables the Trust to maintain a ratio that is required for all categories of women.

Further information

The Trust's decision has been endorsed and supported by NHS Hampshire and South Central Strategic Health Authority.

A **midwife** is a health care professional who provides care to childbearing women during their pregnancy, labour and birth, and during the postnatal period. They also care for the newborn, including assisting the mother with breastfeeding.

Midwives are specialists in low-risk pregnancy and childbirth, and work with women towards having a healthy pregnancy and natural birth experience. Midwives are trained to recognise and deal with deviations from the normal and refer women to obstetricians when a pregnant woman requires care beyond the midwives' area of expertise such as multiple pregnancies or when a woman experiences medical complications such as raised blood pressure.

Community midwives work in teams to carry out antenatal and postnatal care close to a woman's home. They may also attend their women at home and midwifery led centre births. Hospital based midwives care for women who are inpatients in a consultant led unit and also care for and deliver women on the labour ward.

Appendix 7: Expansion of Community Stroke Services. Portsmouth Hospitals Trust

EXPANSION OF THE PORTSMOUTH COMMUNITY STROKE REHABILITATION TEAM

The Community Stroke Rehabilitation Team (CSRT) has been delivering services since February 2005. It provides stroke rehabilitation services to patients in their own homes. These patients are registered with GPs in Portsmouth City and the south east of Hampshire, including Hayling Island, Emsworth, Waterlooville and Cowplain.

It currently does not provide a service to those patients registered with GP's in Portchester, Fareham, Gosport and in the north of the area around Clanfield, Petersfield and Liss. These patients receive stroke rehabilitation either within Collingwood Ward at Gosport War Memorial Hospital or Cedar Ward at Petersfield Community Hospital.

The expansion of the CSRT, will take place during October and will ensure all stroke patients in the Portsmouth Hospitals catchment area including those from Portchester, Fareham, Gosport, Titchfield, Whitely, Locks Heath and in the north of the area around Clanfield, Petersfield and Liss, will have access to the same service Portsmouth city patients receive.

This model is an equitable service of the very best standard, resulting in shorter hospital stays and improved rehabilitation outcomes. Within the model, patients are transferred home, once medically stable, to continue rehabilitation in their own home environment supported by a team of nurses and therapists. The team visits from 2pm on the day of the home transfer, then as often and as long as intensive, specialised stroke rehabilitation is required. They then continue to visit the patient every day, again as often as is required, between the hours of 07.30 and 21.00. The team works to ensure the patient is at the centre of all decision making.

The CSRT provides a comprehensive package to ensure consistent stroke rehabilitation. We do not expect family members to become involved in care or rehabilitation until they request to do so and are willing to be involved. Our experience has demonstrated that this consistency enables both the patient and their family to learn about stroke and how it has affected them.

The team provides support with long term decision making related to future equipment, therapy and care needs, so that appropriate support is in place on discharge from CSRT. The average length of stay with CSRT is 32 days, with a large range depending upon individual requirement.

This model, which is internationally regarded as best practice, follows National Stroke Strategy requirements and ensures our patients receive their care in the most appropriate setting. There are significant advantages of being treated at home as it improves patients' recovery rate and the rehabilitation process.

Inpatient stroke rehabilitation will continue to be provided in Queen Alexandra Hospital for those patients with more complex needs. They are then offered support from the Community Stroke Rehabilitation Team once they become medically stable.

The Portsmouth CSRT is recognised nationally as a centre of excellence for stroke rehabilitation and has just completed a project aligned to the national Stroke Improvement Programme reviewing the quality of service and patient outcomes. This report can be found on the Stroke Improvement web site www.improvement.nhs.uk