



Winchester and Eastleigh **NHS**  
Healthcare NHS Trust

Hampshire **NHS**  
Primary Care Trust

## Sustainable maternity services in north and mid Hampshire



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## Considerations for us and the HOSC

- NHS Hampshire's Commissioning Strategy
- Current situation at Andover Birth Centre
- The need to improve our service planning
- Next steps - taking into account the situation at Andover
- HOSC guidance on consultation.

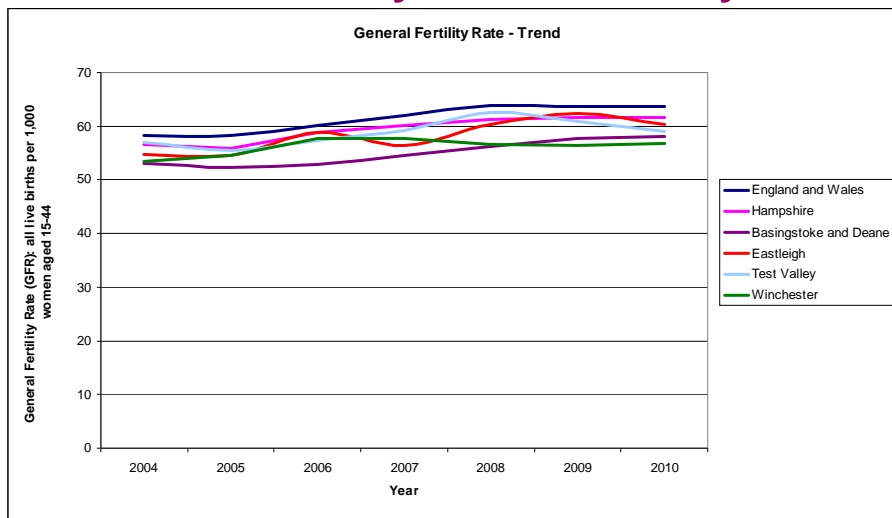


## Our commitment to local women

- A commissioning strategy which dictates that maternity services adhere to national standards and that there are:-
  - Options of home birth; midwife-led birth and hospital birth
  - Safe and high quality services for women and their families
  - Care pathways and support to normalise pregnancy and birth
  - Services which promote good health for mother and baby, such as diabetes clinics, healthy eating workshops, breastfeeding support , etc
  - Local services where possible (ante and postnatal sessions, clinics and consultant appointments)
  - Services which will be affordable for the long term.



## Birth rates by local authority





## Current service configuration

Unit	Service available	No of births per year
Royal Hampshire County Hospital (17% of NHS Hampshire birth activity)	Obstetric and midwife-led Ante and post natal care	2653 (2010)
Andover Birth Centre (1% of NHS Hampshire birth activity)	Midwife-led standalone birth centre	Approximately 200 per annum (this excludes periods of suspension)
Basingstoke and North Hampshire Hospital (17% of NHS Hampshire birth activity)	Obstetric and midwife-led Ante and post natal care	2500 (2010)
Home births	Midwife-led	WEHCT - 140 BNHFT - 72 Hampshire-wide 457



## The current choices for women

### Choice of birthplace

- Home births – remain available to all women (where clinically appropriate)
- Midwife-led births remain available at Winchester with increased home from home facilities under development
- Midwife-led births remain available at Basingstoke
- Access to Ashurst Birth Centre for women in Eastleigh and southern Test Valley

### Maintaining local maternity services in Andover

- The full range of clinics continue to be available at the ABC and are used by around 140 women each week, with more planned for the future.



## Talking to women in Hampshire about birthplace choices

- Engagement took place at the end of 2010
- 816 responses were received - the overall feedback themes included:
  - Safety was the most important factor when choosing birth
  - There was very clear indication that women wanted a midwife-led birthing experience
  - The majority said they would wish this to be on the same site as the maternity unit
  - Distance was not the most important factor for most women, with safety, comfort and midwife-led care ranking higher
  - Uncertainty over the ABC's future is deterring women from choosing to have their baby there.



## Our dilemma for midwife-led births

We need to balance:

- Women's priority for safety (also our number one priority)
- A stated preference from women for a choice of birthplace but with no one model being conclusively suggested one model above another
- Normalising pregnancy and birth (fewer c-sections)
- Ensuring the affordability of the service
- Providing stability and certainty for local women and WEHCT maternity staff – we can't keep on asking for suspensions as temporary and urgent action
- An equitable service across the county
- A range of local ante and postnatal and other maternity services that promote good health for mothers and babies
- How to provide increased and immediate consultant input when required
- Emerging new models (PHT) which are proving successful in terms of sustainability but will be very different for staff and service users.



## Commissioning and providing in challenging times for the ABC

- History of low user numbers (four births per week) – even during times when there is no threat of suspension
- Staffing issues – new midwives have completed their training but now high levels of complex and serious sickness threaten the ability to provide midwives at the ABC 24/7 whilst also staffing Winchester
- No clear model has emerged from the engagement period – the (slightly) preferred birthplace was in or with access to a maternity unit
- Even with a projected rise in population, births at the ABC are low by national standards and make it hard to sustain a 24/7 staffing model



## Commissioning and providing in challenging times for the ABC

- WEHCT midwives also work in theatre at the RHCH maternity unit which is good for clinical skills and continuity of care but limits resource
- There is no growth money – services must be affordable
- Patient experience – criteria for ABC (same as home birth) limit it as an option to many and may also contribute to 33% transfer rate
- Equity – the PCT and WEHCT want to provide a service that is equitable in terms of type of birth and access.



## Proposals for a more secure future

We propose a review of the service model and pathway to look at these issues:

- The right mix of maternity staff (skills, grades, location)
- The evidence base for alternative models of midwife-led births
- Importance of proximity to obstetric care
- Staff willingness to adapt working practices
- Costs of new models of care in light of financial position
- Equity across the area for all women and families
- Impact of merger of WEHCT and BNHFT (confirmed this week as continuing)
- The commissioning intentions of GPs in the future

The review will also take into account Hampshire-wide work on:

- Normalising birth / reducing c-sections
- Improving the health of mother and baby



## And in the meantime for Andover?

We would like to maintain the suspension of births at ABC while the review is underway for these reasons:

### Staffing

- Remains challenging – more than 10% of WEHCT's maternity workforce is absent through sickness
- The sickness is a range of serious and complex issues which make planning difficult
- WEHCT cannot backfill these roles – they are not vacancies and the length of sickness is impossible to determine in many cases
- The model previously used has is problematic in terms of resource

### Certainty

- We know that suspending births is deterring women from using the centre in the longer term
- There is a proven risk of a clinical incident when women are unclear about the status of the centre.

### Funding

- WEHCT's midwife-led birth service must be provided within the current resource (people and money)



## The current choices for women

### Choice of birthplace

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- Midwife-led births remain available at Basingstoke
- Access to Ashurst Birth Centre for women in Eastleigh and southern Test Valley

### Maintaining local Maternity services in Andover

- The full range of clinics will continue to be available at the ABC and are used by around 140 women each week, with more planned for the future.



## Decision required

- To support the continued suspension of births at Andover Birth Centre due to the continued clinical risk associated with staffing levels
- To support a review of the service model which will include dialogue with clinical colleagues, BNHFT, GP commissioners and local user groups
- To receive a progress update in May based on scoping of other models of midwife-led births
- To review a proposal in July which will have robust information on any new models which could be employed, their sustainability in terms of cost and the impact on WEHCT's maternity service in terms of quality, breadth and safety
- To advise in July on consultation.