Public consultation
Helme Chase midwifery-led unit
1. **Purpose of report**

To set out a proposed plan for consultation to seek views about interim arrangements implemented at Helme Chase Midwifery-led Unit in Kendal in December 2014, with a view to these becoming permanent.

The report also provides some brief background about why the interim arrangements were made and engagement activity that has taken place since December 2014 to inform developments in maternity care for women living in Kendal and the South Lakes area.

This follows attendance at the Scrutiny Variation Subcommittee on 23 June 2016, when members decided that the interim arrangements were a substantial variation and that a proportionate approach to consultation was required. At that meeting a much fuller report was presented covering activity levels at the unit, outlining national guidance which has reduced the number of women now eligible to deliver in a midwifery-led unit, engagement activity that has taken place and some of the developments that have been introduced as a result of feedback received and the freeing up of clinical capacity.

2. **Background**

Helme Chase is a standalone midwifery-led unit at Westmorland General Hospital in Kendal, managed by the University Hospitals of Morecambe Bay NHS Foundation Trust. Women who are assessed as having a low risk pregnancy (i.e. they are unlikely to develop any complications during their pregnancy, while giving birth or after the baby is born) are able to give birth at Helme Chase. The unit is staffed by experienced midwives and clinical support workers.

In December 2014 the Trust, supported by NHS Cumbria Clinical Commissioning Group (CCG) and NHS North Lancashire CCG, made an interim change at Helme Chase which means that the unit operates an on call service overnight and during weekends and bank holidays. As such, during these times staff do not stay on the unit unless they are caring for a woman in labour but are at home and will meet women at the unit to provide care as required.

Since then low risk women have still been able to access a 24 hour intrapartum (labour and delivery) service at Helme Chase. The unit also continues to provide a full range of maternity services including antenatal clinics, scanning, postnatal care and parent education. Community midwifery and home birth services for Kendal and the South Lakes continue to be co-ordinated from Helme Chase.
However, longer or overnight inpatient postnatal care is now not available. This is in line with national guidance and a shift towards women who have had normal births and do not need inpatient clinical care returning home within hours of delivery.

The interim arrangements were made at a time when the Trust’s maternity service was under great pressure and subject to intense local and national interest. The Morecambe Bay Investigation was underway; there were significant recruitment difficulties and high levels of sickness. At the same time there had been a reduction in the number of deliveries at Helme Chase and it was felt that some of the staffing capacity could be used more flexibly to support the Trust-wide service and ease staffing shortages within the consultant-led maternity units at Royal Lancaster Infirmary and Furness General Hospital.

Following the introduction of the interim arrangements, from 1 December 2014 to end of February 2016, more than 3,000 clinical hours were freed up. The Helme Chase midwifery staff are now able to work flexibly across the Trust, which means they are able to gain experience of working in the busier units and therefore retain their skills and competencies. The Trust has also been able to develop more personalised antenatal and postnatal support for women, which is in response to national and local feedback from engagement activities.

While there has been a reduction in the number of deliveries at the unit since the interim change was made, this was a trend that was already happening. During 2013 there were 280 women who presented in labour to give birth at the unit. Of those, around 200 delivered their babies at the unit and the remainder transferred in labour to one of the Trust’s main delivery suites at Furness General Hospital or Royal Lancaster Infirmary as a result of complications or for increased pain relief. During 2014 the number had dropped to 190 women presenting in labour. Figure 1 below shows the numbers of deliveries since December 2014 with a comparison to those during the previous year.
The reduction in women delivering their babies at Helme Chase will be due to a number of reasons, including changes in national guidance which means that fewer women now meet the criteria to birth in a standalone midwifery-led unit and also that there are robust arrangements in place to implement that guidance. Instead they are required to deliver their babies at a consultant-led unit where there are obstetricians, other specialists and back up services available in case of complications. Also, during engagement activities women have said they would choose to go to a consultant-led unit to avoid an ambulance transfer to another hospital if complications arise.

Prior to and following the publication of the Morecambe Bay Investigation report there has been a considerable amount of work by the Trust to improve and strengthen maternity services. The Trust has been sharing regular updates with all stakeholders and reported recently that it was on track to implement all of the recommendations.

The Trust has also been working with the CCGs on a programme of work following the independent review of maternity services across Cumbria and North Lancashire by the Royal College of Obstetricians and Gynaecologists which has focused on the actions necessary to sustain consultant-led units at both Royal Lancaster Infirmary and Furness General Hospital.

The next programme of work for the Trust and the CCGs will involve responding to the recommendations of ‘Better Births’, which sets out a five year forward view for maternity care and was published early in 2016 following the national review of maternity services led by Baroness Cumberlege.
Meanwhile, the interim arrangements at Helme Chase have not impacted negatively on recruitment; in fact that there are indications that it is now a more attractive proposition for applicants.

Furthermore, a CQC inspection during 2015, which reported in December 2015, a year after the interim change was made, gives Helme Chase a rating of good in all areas - safe, effective, caring, responsive and well led. This was the same as the rating for the previous inspection. The CQC made many positive comments about the unit and commented that the Trust had consulted with staff and the local community to develop a sustainable service which met the needs of the local community in an aim to promote normality.

An online patient experience tool, iWantGreatCare which was introduced in 2014 by local NHS organisations, also shows a high level of satisfaction with services at Helme Chase.

3. Engagement activity since December 2014

As part of its response to the Morecambe Bay Investigation, the Trust has made concerted efforts to engage women and their partners/families to ensure that improvements to maternity care are being properly informed by service users. In doing so it has received expert and ongoing advice and support from a lay adviser from the Royal College of Obstetricians and Gynaecologists (RCOG). At that time she was chair of the RCOG Women’s Network and was also a member of the RCOG team who carried out the review of maternity services across Cumbria and North Lancashire.

This approach to engagement has included close working with the Maternity Services Liaison Committees which comprise local people with experience of using maternity services and an interest in working with maternity services staff to help inform the development of services. There were initially individual MSLCs for South Lakes, North Lancashire and Furness but in September 2015 these merged and now form the Bay-wide MSLC. Although there is one overall MSLC it carries out engagement activities in each of the three localities.

The close working with the MSLC continues and is valued. Members of the MSLC are keen that Helme Chase continues to be promoted to local women and their families and to support the Trust in doing so.

3.1 Specific activity in Kendal

Since 2015 there has been a range of Trust-wide initiatives to engage women and their partners. These have included three events held at the South Lakes Foyer in Kendal (9 September 4 November 2015 and 20 May 2016). The first two involved structured discussions with women and partners about what is important to them at all stages of pregnancy. The third was one of a series of Maternity Matters events which the Trust is rotating between Barrow, Lancaster and Kendal. At this particular
event there were a number of information stands including one about the interim arrangements at Helme Chase and the new maternity unit being developed at Furness General Hospital which is being developed with input from local people. At each of these events staff from Helme Chase were available to answer questions and comments were logged so that these could be taken into consideration by the Trust.

The overall general themes from the first two Kendal events were around good communication, information and familiarity with the environment throughout pregnancy and birth:

- Antenatal – more information and better communication needed about antenatal courses and ensuring a good system is in place for out of hours advice.
- Labour and delivery – importance of continuity of care and carer, one to one effective relationships with the midwife and small team and consistency of approach from the midwife; more information needed about induction; trusting women to make their own decisions based on information and support in an unfamiliar hospital environment.
- Postnatal – familiarity with procedures and environment on postnatal ward.

At the third event there were similar themes, including some positive comments about flexible antenatal appointments and women saying they had benefited from seeing the same midwife. Other comments which were not specific to Helme Chase included:

- the importance of breastfeeding support
- more support for first time mothers
- a desire for timely discharge following the birth and if possible being able to return home during daytime hours.

3.2 Activities across Cumbria and North Lancashire

The committee has previously been advised about the engagement activity commissioned from Healthwatch Cumbria during late 2005 by NHS Cumbria CCG and NHS Lancashire North CCG as part of the work following the RCOG review. Overall the feedback showed there were generally high levels of satisfaction with the care received at all stages of pregnancy and after the birth of the baby.

However, there were comments about how services could be improved and consistent messages included:

- the importance of having the same small team of staff looking after women throughout pregnancy, labour, delivery and after the birth of the baby
- the consistency and quality of the information received including to help them make decisions and choices
- support for breast feeding
• accessibility of services and choice.

Further analysis is taking place to explore whether any additional themes emerged in any of the localities across Cumbria, including Kendal and South Lakes, and also if there were any differences in feedback depending on locality.

4. How the Trust is responding to feedback

• **More flexibility around antenatal appointments** - mothers to be and their partners can now make an appointment to be seen out of normal working hours for any routine, non-emergency checks and to discuss individual birthing plans with a community midwife. The Helme Chase out of hours clinics are on Wednesdays from 5pm to 8pm. The Trust is now planning to extend this further and is looking at the possibility of offering drop-in clinics in community centres, children’s centres and pre-school groups in the future.

• **Continuity of care and carer** - the Trust now has greater flexibility to strive to achieve this and more women are able to have a named midwife looking after them. There is already a cohort of midwives who are working towards ‘case loading’ which means that they are managing a case load from individual GP surgeries. This helps to provide better support to women throughout their pregnancy with the aim of being able to roster a named midwife for delivery.

• **Better communication** – the Trust is refreshing all public information about Helme Chase. This includes a webpage with virtual tours of the different maternity units, a revised leaflet which has been written in conjunction with a service user’s partner. There are also plans for a social media campaign and more local publicity to promote Helme Chase.

Also, the Trust recently secured £65,000 from NHS England for an innovative new project initiated by the MSLC which will be used to develop a training tool for staff describing how communication, both good and bad, impacts on those women and families who use its services. The training tool will be developed from filming families talking about their experiences.

• **Partner/supporter being able to stay with new mother for the first 24 hours following delivery** - a scheme is being piloted at Furness General Hospital which means that women (including those from Kendal and South Lakes) can have a partner/supporter with them for the first 24 hours following delivery where there is a medical need for mother or baby to remain in hospital. The aim is that this person will assist the new mother with basic baby care and support bonding with the baby.
5. Proposed consultation plan

Public consultation will build on the previous engagement activity as outlined above. It will be led by NHS Cumbria CCG, working closely with colleagues at University Hospitals of Morecambe Bay Trust and will specifically explore how people feel about the interim arrangements and also the improvements that have been put in place in response to local feedback, why they feel this way and whether any more could be done to improve and sustain local maternity services.

The consultation will be with women of experience over the past five years of using maternity services and future service users. The CCG will also work with the Trust to ensure that staff working in Helme Chase are properly briefed about the consultation and that their support is sought to help reach the target audience. Similarly, the CCG will also continue to work with the MSLC to ensure that their views and those of the women they come into contact with continue to be taken into account.

The CCG is proposing the following approach:

- A press release announcing the start of consultation, directing people to a webpage which will also have an email/postal address for those who wish to comment. The press release will also be sent to relevant Facebook groups/communities (targeting mothers with young children and future service users) and will also be distributed through existing NHS internal and external networks.
- Continued discussions with, and the involvement of, the MSLC (as indicated above).
- Independent research – this will involve independent researchers talking to mothers and future mothers of child bearing age from the Kendal and South Lakes area.

The CCG proposes that this activity starts mid-September, after the summer holidays and runs for six weeks.

Following the consultation the CCG will prepare a comprehensive report outlining feedback and also steps that might be taken in response to comments received and to mitigate against any concerns.
For more information contact...

name. Julie Clayton
address. Lonsdale Unit, Penrith Hospital, Bridge Lane, Penrith, Cumbria, CA11 8HX
tel. 01768 245490
email. Julie.Clayton@cumbriaccg.nhs.uk