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## Maternity services project team to meet for the first time later this month

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### Maternity services project team to meet for the first time later this month

Posted on Thursday 18th June 2015

A project team being set up to explore the steps needed to maintain four consultant-led maternity units at Carlisle, Whitehaven, Barrow and Lancaster in the long-term will meet for the first time on 25 June 2015.

The establishment of the team was a recommendation following the independent review of maternity services across Cumbria and North Lancashire by the Royal College of Obstetricians and Gynaecologists (RCOG) which concluded that the preferred option, Option 1, was to maintain four consultant-led units.

Option 1 also included the immediate development of midwifery-led units alongside the consultant-led units at Cumberland Infirmary, Carlisle and the Royal Lancaster Infirmary and in the long-term to evaluate the development of midwifery-led units alongside the consultant-led units at Furness General Hospital, Barrow and West Cumberland Hospital, Whitehaven.

The project team will be chaired by Dr David Rogers, the Medical Director of NHS Cumbria Clinical Commissioning Group. Dr Anthony Falconer, former President of the RCOG, who led the independent review has agreed to be the team's independent clinical adviser and Cath Broderick, who was lay assessor for the review and who is Chair of the RCOG's Women's Network will be a member of the project team.

The team, which will have external managerial support, will also include a local head of midwifery and representatives from maternity services liaison committees, which include local women with an interest in maternity services. Healthwatch, as the statutory organisation for ensuring that the patient's voice is heard will also be represented.

In line with the recommendation of the independent review, the project team will develop a detailed feasibility report on the cost, viability and risks of proceeding with Option 1 in the long term, including the amount of additional commissioned funding required and whether the model can be supported. The report following the review concluded that if this could not be demonstrated, then other options, as outlined in the report, should be considered.

Dr David Rogers said: "We are looking forward to progressing this feasibility study and are delighted that Dr Falconer has agreed to provide his expert clinical advice to the review team. In the coming months we will be carrying out a programme of engagement and will be talking to women who are currently using maternity services or who may be using them in the future about the care they would wish to see when they become pregnant. As such we are pleased that Cath Broderick who has much expertise in public engagement and a number of women who are members of the local maternity services liaison committees will also be on the project team."

In presenting Option 1 the independent review team said this can only be supported on 'safety and sustainability grounds' if steps are taken to reform the approach to staffing, improve antenatal, labour and delivery and postnatal care, address anaesthetic issues and agree sufficient paediatric cover for a special care neonatal unit.

The independent review of maternity services was commissioned in autumn 2014 by NHS Cumbria CCG and NHS North Lancashire CCG against a background of challenges in maintaining consultant-led maternity units.

The work of the project team will support the Better Care Together Strategy in South Cumbria and North Lancashire and the Together for a Healthier Future programme in North Cumbria. There will also be close working with the University Hospitals of Morecambe Bay NHS Foundation Trust on the implementation of the Kirkup recommendations.

Posted on Thursday 18th June 2015

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