

Agenda No 1(4)(ii)

AGENDA MANAGEMENT SHEET

<i>Name of Committee</i>	Health Overview and Scrutiny Committee
<i>Date of Committee</i>	28th September 2005
<i>Report Title</i>	Maternity Services Review - Responses
<i>Summary</i>	The Committee to note the responses to the Maternity Services Review attached.
<i>For further information please contact:</i>	Phil Maull Senior Committee Administrator, Tel: 01926 412834 philmaull@warwickshire.gov.uk
<i>Would the recommended decision be contrary to the Budget and Policy Framework?</i>	No.
<i>Background papers</i>	None

Our ref: AH/JT/FC

Mr Phil Maul
Senior Committee Administrator
Warwickshire County Council
PO BOX 9
Warwick
CV34 4RR

15th September 2005

Dear Mr Maul

Re: Access to Maternity Services

The report by the Health Overview and Scrutiny Committee has been considered and the recommendations noted.

The recommendations relate to areas of responsibility of the PCT and the George Eliot Hospital NHS Trust locally. The PCT's must be considered along with the George Eliot Hospital (GEH) action plan forwarded to you on 12th September.

The PCT supports the GEH action plan and the detailed response made. It was pleasing to note the positive comments made regarding the service provided by the GEH.

I would also ask the Committee to note that both ante and postnatal care is provided by primary care services. I appreciate that these services have been excluded from the terms of reference but it is important that for some of the areas commented upon an effective service response must include all the elements of service involved. This is particularly the case for the provision of general information and advice and breastfeeding. With regard to the latter point the Health Visiting service in North Warwickshire has as a priority area the promotion of breast feeding .

As a part of the PCT's performance monitoring role maternity activity is being overviewed. Issues regarding levels of activity and resources developing in year are discussed as a part of this process.

In respect of longer term population changes and impact on commissioning the PCT does identify significant housing developments. These quite rightly are identified as causal factors for change within the terms of the report but for the PCT the impact is broader with a more significant impact on primary care services and an example within North Warwickshire is the modelling work presently underway about the impact for the PCT on the Bermuda Park developments in Bedworth. Here the PCT is already in discussion regarding re-configuration / development of primary care services.

"Our aim is to promote the health and well-being of the community we serve"

Comments are also made regarding new natal services and accessing services outside Warwickshire. The report correctly notes the review work presently underway and that the outcomes are awaited. I would now add that the Scrutiny Committee will at a future time need to link this work with that of the review presently commencing across Coventry & Warwickshire regarding the arrangements for hospital based services and its recommendations when they are available as children and maternity services will be a specific area of work.

Yours sincerely

A handwritten signature in cursive script that reads "Anne Heckels". The signature is written in black ink and is positioned to the right of the typed name.

Anne Heckels

Chief Executive
North Warwickshire Primary Care Trust

South Warwickshire General Hospitals NHS Trust
Response to:

Access to Maternity Services Report
Health Overview and Scrutiny Committee

South Warwickshire General Hospitals NHS Trust is committed to improving closer support provided in the maternity services and has been happy to participate fully in the process.

Although we fully welcome this report to inform and enable us to develop our services, I consider that the current service provision may not have been fairly reviewed due to the fact that 39% of respondents had their babies between 2 and 8 years before the survey was conducted. Maternity services have improved and developed rapidly over the last 2 years particularly with expanding midwife led care to every surgery and increasing the integration of midwives to increase continuity. I think that this may not have been reflected in this document

9.1,9.2 South Warwickshire General Hospitals NHS Trust and South Warwickshire PCT have a joint working group including midwives, health visitors and users, to examine the provision of parentcraft following the cessation of some classes in 2003/4. This group has looked at the content, timing, health care professionals and location of parent craft classes following an extensive questionnaire to women who use the service. Training from innovative parent educators has been given to all involved.

9.5 One midwifery team has a website which is accessible to women. All teams are in the process of developing their own. It is envisaged that there will be a master maternity site with links to teams etc.

9.3 The 20 week anomaly scan at South Warwickshire General Hospitals NHS Trust has always been provided and will continue to be so. The question regarding the lack of 20 week scan at Walsgrave Hospital impacting on maternity provision on South Warwickshire General Hospital (4.1f) does not appear to have been addressed in this document. Item 6.3.3 finding is not verified from data in this study, as Coventry and Rugby women who did not have their babies at Warwick did not respond to the questionnaire and therefore the impact was not explored.

9.4 The Draft Strategy for Maternity Services supports home birth as a first choice for all women who are deemed suitable. Midwives are encouraged to promote home birth and water birth and the last year has seen a rise in the home birth rate to 3%.

9.6 South Warwickshire General Hospitals NHS Trust has recently conducted Birth Rate Plus, a work force planning tool, that has identified a shortfall in midwife staffing of 20 whole time equivalents This is of some concern as the shortage of funded midwives is reflected in some of the comments made by women in this study. Discussions are being held internally within the Trust, however the report will be used to inform the PCT's Local Delivery Plan (LDP)

9.7 9.8 We are currently working closely with Coventry University with regard to training for staff in breast feeding. We have recently registered a commitment to Baby Friendly. A joint Sure Start and Hospital Breast Feeding Support post is in the process of being advertised to promote and support breast feeding and develop Baby Friendly. There is also a joint PCT/ Trust breast feeding working group.

9.9 Information to be given to parents whose babies need to be transferred out, is being co-ordinated at a central level within the Central Newborn Network so that each trust has the correct information.

9.10 The Head of Midwifery and the Lead Paediatrician for Special Care Baby Unit both sit on the Central Newborn Network Board and are able to raise issues pertinent to their service as well as supporting development throughout the Network.

9.11 The new Nursing and Midwifery Council does not time limit visits by midwifery staff.

9.11 Midwives who work in Special Care Baby Unit should develop outreach service, post natal visits, linking with respective community midwives to support mothers when the baby has been discharged home. At present, this is not achievable within the current funded establishment and will be presented to the PCT's to be considered within their LDP.

We are happy to participate in any further review to improve services for women, children and their families.

Helen Walton
Head of Midwifery

15 September 2005

Our Ref: DAP/DAS/C05/Clin Gov

12 September 2005

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Mr Phil Maull
Senior Committee Administrator
Warwickshire County Council
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Dear Mr Maull

Thank you for the report by the Health Overview and Scrutiny committee on Access to Maternity Services.

The Trust has considered the report, its positive comments, and its recommendations. We have subsequently put together an action plan to consider the recommendations; I have enclosed a copy for your information. Progress has already been made on most of the actions, some of which are on going as part of annual reviews.

Thank you for your continued support, if I can be of assistance in the future please do not hesitate in contacting me.

Yours sincerely

Duncan Phimister
Acting Chief Executive

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George Eliot Hospital NHS Trust

Access to Maternity Services

Action Plan in response to the Report by Health Overview and Scrutiny Committee

<u>Area</u>	<u>Action</u>	<u>Response</u>	<u>Key Worker</u>
Antenatal Classes	Review all classes in regard to: ➤ <i>information</i> , ➤ <i>timing</i> ➤ <i>location</i>	Actioned Actioned Daytime/weekdays in community Daytime/evenings/weekends -sessions in the hospital A waiting list is in place & extra sessions implemented dependant on demand Parent Education and booking form developed and implemented	K Hawker
20 Week Scans	Review current arrangements	No change to current practice – Continue with 12 week dating scan and 20 week anomaly scan Any further scans will be based on clinical need	S Matts
Patient Choice	More information available on Home birth options. Continue to support the web site development and promote use to new bookings	Information is available to all women Included in the information given at booking.	K Hawker
Breastfeeding	Continue to promote breastfeeding in line with UNICEF UK Baby Friendly Initiative, link action plan of current initiative to this action plan	Hospital and Community Policy in place Multi professional training programmes in place 3 Breastfeeding cafes Resources permitting Certificate of Commitment to be achieved by 2006	K Hawker

<u>Area</u>	<u>Action</u>	<u>Response</u>	<u>Key Worker</u>
Staff Attitudes/Workforce	Active workforce plan for Midwives linked to expected growth in birth rates. Review complaints/pt satisfaction feedback to respond to any attitude issues	Annual review of workforces requirements undertaken , changes dependent upon financial constraints/availability Undertaken in line with trust policy	K Hawker/D Wardell
Neonatal Care	Review current provision of information to parents with children in special care. Review travel and benefits info available to parents Discuss ability of Midwives to undertake first visit on discharge to all neonatal babies	Close working with UCWH –linked to common policies and practice. Parent information to external organisations reviewed annually as part of children’s emergency care review. Midwives are undertaking the first visit, sustaining it will be dependent upon on activity levels	T Kane K Hawker/ T Kane

Nb – when using the action plan please note as follows: *Dawn Wardell, Deputy Director of Nursing (024 7686 5080)*
Kay Hawker, Head of Midwifery (024 7686 5197)
Suzy Matts, Consultant in Obstetrics and Gynaecology
Tina Kane, Lead Nurse - SCBU