

**REPORT TO:** HEALTH & WELLBEING SCRUTINY COMMISSION

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**DATE:** 2<sup>nd</sup> March 2017

**SUBJECT:** Sustainability and Transformation Plan – Maternity Services

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### Introduction

1. The STP identifies 5 key priorities for the health community in Leicester, Leicestershire and Rutland over the next 5 years:
  - new models of care focused on prevention, moderating demand growth
  - service configuration to ensure clinical and financial sustainability
  - redesign pathways to deliver improved outcomes for patients and deliver core access and quality
  - operational efficiencies
  - getting the enablers right
2. This paper focuses on priority 2, 'Service configuration to ensure clinical and financial sustainability', and our intention to consolidate maternity care onto the LRI with the potential for midwifery led birthing centre at the LGH subject to consultation.

### What is currently available?

3. Currently maternity services in Leicester, Leicestershire and Rutland are provided in multiple locations:
  - acute hospital sites:
    - Leicester Royal Infirmary (LRI)
    - Leicester General Hospital (LGH)
  - community based midwifery care (ante-natal and post-natal care)
  - community Hospitals (some outpatient and day case procedures)
4. Four birth options are available for women and their families in Leicester, Leicestershire and Rutland (LLR); these are:
  - birth in one of two Combined Care Units supported by midwives and doctors (LRI and LGH)

- birth in one of two Alongside Birth Centres supported only by midwives (LRI and LGH)
  - birth in a Standalone Birth Centre supported only by midwives (St. Mary's Birth Centre)
  - birth at home supported only by midwives
5. In 2015/16, 10,529 births took place, split as follows:
- Combined Care Unit & Alongside Birth Centre LRI – 5,715 births (54.3%)
  - Combined Care Unit & Alongside Birth Centre LGH – 4,422 births (42%)
  - Standalone Birth Centre St Mary's – 167 births (1.5%)
  - Home Births - 225 births (2.2%)

### **Issues with the Current Configuration**

6. Providing birth options in six different locations across LLR means our staff and resources are not being used effectively. Multiple locations mean that at any one time, care in one location may be under significant pressure while in a different service location it is not. It is difficult to relocate staff and other resources with the necessary flexibility to manage this issue.
7. Increasingly, this is leading to risk in the care that we can provide for women and their families across LLR although for the time being we maintain safety by relocating staff and transferring activity between locations as appropriate.
8. The issue of offering so many birth locations has been recognised in a number of reviews into our maternity services. These include two external peer reviews between 2006 and 2009 and then the comprehensive PCT led Next Stage Review of Configuration of Maternity Services, which reported in 2011. The Next Stage Review included a detailed Option Appraisal informed by wide clinical and public engagement. A consistent message from these reviews is that our maternity services are unsustainable in their current form.
9. A direct comparison of cost per birth in 2015/16, including staff costs, shows that each birth at St. Mary's Birthing Centre costs £2,891. This compares to each birth at the LRI and LGH costing £1,597 – £1,709. The elevated cost of a birth at St. Mary's Birthing Centre is largely due to the requirement to staff a remote 'satellite' location away from the main acute hospital sites and the very small number of women choosing to give birth at St. Mary's. In addition, the service provided by the eight post-natal beds at St. Mary's is provided at home for the majority of women in LLR, at a lower cost.
10. As part of Better Care Together we have again reviewed options for the future configuration of maternity services, once again carrying out wide clinical and public engagement. The proposals in the Sustainability and Transformation

Plan are the result of this process. Our priorities are ensuring that we plan maternity services for the future which:

- are of high quality
- provide choice
- are equitable to all women
- are affordable and sustainable with the resources available to us

### **St. Mary's Birth Centre**

11. St. Mary's Birth Centre is located on the A607 to the East of Melton Mowbray's town centre. The Birth Centre is staffed 24 hours a day and offers two birthing rooms as well as eight post-natal beds. This differs from the majority of Standalone Birth Centres which offer birthing rooms only; i.e. following birth, the mother and baby go straight home with no overnight stay. The eight post-natal beds are used for overnight stays following birth at St Mary's. However, the majority of their use is by women who are transferred to St Mary's following birth elsewhere (including out of county), who receive breast feeding support before returning home.
12. The geographic location of St. Mary's (in the North East corner of LLR) also means that the service is inequitable to the population of LLR as a whole, as it most readily benefits only those who live in Melton Mowbray and the surrounding area, particularly for its core role of giving birth.
13. St. Mary's Birth Centre has a budget for 12.2 full-time midwives and 6.4 maternity care assistants (MCAs), who form part of a community team also integrated into GP surgeries and carrying out post-natal home visits. In principle, St Mary's Birth Centre is popular with the local population, who asserted in 2013 (when consulted) that the centre provides a good and personalised service with knowledgeable midwives who have plenty of time for patients.
14. However, despite considerable work to try and promote the Birth Centre over recent years, St. Mary's has experienced a decline in the numbers of births, as shown in Table 1:

<b>Year</b>	<b>Number of Births at St Mary's</b>
2012/13	261
2013/14	223
2014/15	189
2015/16	167
2016/17 (April – December 2016)	132

15. National guidance shows that a stand-alone birth centre needs 350-500 births per year to be sustainable. As can be seen from the table above, St Mary's birth

centre has not achieved these levels of births for many years and there is no realistic prospect of it doing so.

16. The lack of births at St. Mary's is likely to be due to a combination of factors, including:
- It is only suitable for low risk pregnant women, due to the standalone nature of the unit and the risks associated with emergency transfer to the Combined Care Unit at LRI or LGH
  - It is not in a central location within LLR and is therefore not easily accessible for the majority of the region's population
  - Low risk women are choosing to deliver their babies at either the LRI or LGH in the Alongside Birth Centre as this provides them with the assurance of support from medical services should their birth become complicated and need assistance.

### **What's going to change and how?**

17. Over the past years we have worked with our commissioners, doctors, midwives, nurses, patient representatives and the public to put together our plans based on what patients, staff and the public have told us, as well as clinical best practice. As part of this process we have undertaken several stakeholder engagement events to find out what is important to women.
18. The clear priority for women is safety, whilst also expressing a desire for choice and care close to home where appropriate. In relation to choice, some women did express an interest in a Standalone Birth Centre however the majority of women said they would choose an Alongside Birth Centre to alleviate their concerns around safety in an emergency i.e. immediate access to obstetricians and other medical support if required.
19. Our plan is to create a single site Women's Hospital on the LRI site:
- Women's services currently located on the LGH site will be consolidated to the LRI; where a new Women's Hospital will be developed. The Women's Hospital would include:
    - Maternity (the proposed Standalone Birth Centre at the LGH would remain when other maternity services are re-located)
    - Neonates – new-born babies needing care
    - Gynaecology
    - Clinical Genetics
  - Antenatal and postnatal services will continue to be provided in the community, as they always have been
  - Where clinically appropriate, women will still be able to choose from the following four birth options:
    - Home births

- Standalone Birth Centre at the LGH (if this is the outcome from consultation)
  - Alongside Birth Centre at the LRI
  - Combined Care Unit at the LRI
20. As part of the clinical and public engagement that has informed the option appraisal, the preference for choice of birthing options led us to the view that we should include the option of a Standalone Birth Centre in the proposal that was put forward as part of the STP for formal Public Consultation.
21. In the public consultation we will discuss the option of a Standalone Birth Centre, the location of which needs to be decided on the basis of:
- An expectation of sufficient activity to ensure sustainability (in excess of 350, preferably 500 births per annum)
  - Equality of access for all LLR women both for “fairness” and also to maximise the use of the facility and hence sustainability
22. Having considered all potential options for locating a Standalone Birth Centre and recognising that there would be a need for a proof of concept before making a substantial long-term capital commitment, we will be recommending an option to pilot a Standalone Birth Centre in the current maternity estate at the LGH site in Evington for a one-year period, allowing us to test the model and ensure that it is sufficiently popular to be justified for the longer term.
23. We believe that providing this service at the LGH would facilitate increased activity and provide a more equitable service for the women of LLR, as it is located centrally within the region with good transport connections. As the LGH is only three miles away from the Combined Care Unit at the LRI, we hope that this location would also be attractive to those women who have concerns around safety in an emergency, as the transfer time to access specialist care would be much shorter than the current transfer between St. Mary’s and the LRI/LGH. If after one year, the Standalone Birth Centre at the LGH is not sustainable owing to the number of women choosing to give birth there (i.e. fewer than 350), it will be closed. Given the criteria of sustainability and equity of access for LLR residents, it is clear that the Standalone Birth Centre at St. Mary’s is not a viable long term option, and it is on that basis that the STP is proposing that it will be closed.

**When will the changes come into effect?**

24. The reconfiguration of Maternity Services is due to complete by 2020/21 in line with the timescales for UHL’s Reconfiguration Programme as outlined in the STP.
25. Due to the underutilisation of St Mary’s Birth Centre and the requirement for capital investment to address existing maintenance issues, St Mary’s Birth

Centre is proposed to close following the public consultation period (expected to be 2017).

### **Recommendation**

26. The Health & Well Being Scrutiny Commission are asked to:

- note and discuss the content of this paper.
- advise whether there is any additional assurance they require on UHL's acute reconfiguration programme.