

Heatherwood and Wexham Park NHS Foundation Trust Ascot Birthing Centre – Trust Board Decision Paper

23 February 2012

Introduction

This paper provides an update on the current position of the Ascot Birthing Centre (ABC) and sets out the issues in relation to the long term sustainability of the unit.

Context

Up to 2008 Heatherwood Hospital (HH) had a full obstetric unit able to provide full maternity care to women who chose to give birth from that site. As the quality and safety of Obstetric Services improved, national guidance increased the number of hours any obstetric unit needed to provide full Obstetrician cover (Consultant). These changes made it impossible for the Trust to provide 2 fully functional obstetric units (1 at Wexham Park and 1 at Heatherwood) and Heatherwood became a standalone midwifery led unit (MLU) offering a maternity service to those Mothers considered to be very low risk as rapid emergency Consultant led intervention could not be provided. Maternity standards continue to improve nationally and the latest guidance requires a further extension to the hours of Obstetric cover required up to 98 hours per week. This means the Trust will be recruiting a further 2 Consultant Obstetricians to ensure the unit at Wexham remains fully compliant.

In September 2011 the Trust had to take an emergency decision to close the MLU due to unprecedented levels of staff sickness that occurred in addition to planned maternity leave meaning the Trust could not provide the midwife cover required to provide the service in the ABC. Women could continue to receive their ante natal and post natal care from ABC staff but are offered alternative choices for the actual birth that include homebirth, the ISIS birthing centre (a MLU) on the Wexham Park site, the Labour Ward at Wexham Park, or transferring to a neighbouring Trust, the Royal Berkshire, Ashford and St Peter's or Frimley Park.

The ABC remains closed for birthing and the Board need to decide if it considers the centre should be re-opened, or that it should recommend to the Commissioners (NHS Berkshire and the Clinical Commissioning Groups)¹ that it be closed permanently.

¹ NHS Services are "bought" on behalf of the population by Primary Care Trusts from NHS Hospital providers. Commissioners determine what services should be provided and then ask, through a contract, the hospital to deliver the service. In Berkshire the commissioner for the service is NHS Berkshire who take the final decision about whether a service should be provided.

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The Ascot Birthing Centre

The ABC is a standalone maternity unit. This means it is not on the same site as any major acute hospital that has emergency facilities. As a standalone facility it can only offer care to women who are expected to have very low risk deliveries. Any Mother with a higher level of risk is advised to deliver in one of the major acute hospitals that are within the area (mentioned above). If a low risk Mother is within the ABC and starts to show signs of developing complications such as abnormal fetal heartbeat, stained liquor or slow progress with labour they must be transferred to one of those acute hospitals.

In 2010 there were 294 births in the ABC, 5.39% of the total births in the Trust (5069 at Wexham). In 2011 there were 210 births in the ABC. Of those 210, 45 women needed to be transferred in labour to the Maternity unit at Wexham Park.

Staffing

The ABC is staffed by the Midwives that provide community midwifery services to Bracknell, Ascot, Windsor and Maidenhead. The total staffing allocation is 16.7 wte² posts, primarily all qualified midwives but with some midwifery support posts. The staff provide all the ante and post natal care to women in that area and offer the birthing service.

At the time of the emergency closure there was unexpected sickness amongst the staff and maternity leave. Since then the Trust has transferred a further 3.8 wte midwives to the community service; however some staff have resigned and others remain on sick leave resulting in the team still working on less than 60% capacity. This means the Trust can not reopen the birthing facility as it simply can not cover the staffing demand at present. Staff turnover and the national shortage of Midwives mean that it is very difficult to predict if the Trust will be able to fill all vacant posts and maintain staffing once fully established.

² WTE = whole time equivalent (37.5 hours) it is possible to have more people that posts as there may be part time staff within the team.

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Costs

The unit is staffed by the Community Midwives and costs £800,000 a year. Those costs include the community service together with the birthing service. The Trust receives £1,639 per birth at the ABC with the remainder of the costs within a single block payment. If we are not offering births we will not incur costs and therefore the financial effect on the Trust is neutral.

Further Issues

Last August The Bracknell and Ascot Clinical Commissioning Group (CCG³) decided that they wish their community midwifery service to be provided by Frimley Park Hospital and the service is due to move from us to Frimley Park within the next 2 months. That means that we will no longer be providing community midwifery services to women from those GPs. This will result in a far smaller community midwifery team providing for the Windsor and Maidenhead area and therefore a smaller number of midwives available to man the ABC and if the ABC were to reopen it would provide for less births as that population would be far more likely to use Frimley Park for their delivery given their ante and post natal care would come from Frimley Park midwives. It is difficult to assess the impact on the deliveries within the ABC, however, in 2010/11 the Trust had 288 women from those areas deliver in our care. Making an assumption that 5% of all births in the Trust were within the ABC, 5% of 288 is 14, so the ABC would lose a further 14 births a year taking the numbers to below 200. However the main issue is that we will only have a very small community midwifery team to cover Windsor and Maidenhead and a team of 16 has proven too small to provide continuity and therefore the problem will be worse in a smaller team.

The funding we will lose in the transfer is £250,000 from the block we currently get and £30,000 from the 14 births that we may expect in the ABC. We will lose all costs so the financial effect will be neutral.

The funding we should get to provide the community midwifery service in Windsor and Maidenhead will be approximately £150,000 to provide community midwifery. This would not provide sufficient

³ A Clinical Commissioning Group is a group of GP practices who work together to determine how best to ensure their patients receive services from the providers they choose. The Bracknell and Ascot CCG includes all the GP practices in Bracknell with the Green meadows, Kings Corner and Magnolia House Practices in Ascot covering a population of 149,000.

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funds to ensure that a sustainable service could be provided in the ABC as the critical mass of midwives would be very small.

Midwife Led Maternity Units

As far as is possible to determine there are 47 standalone MLUs in the country⁴. There are others in our region in Oxford and Hampshire. The Oxford units are provided for in 2 ways, one on a rotational scheme from the John Radcliffe Hospital and the other through midwives on call from home.

Midwife recruitment is not an issue.

In Hampshire the New Forest unit is fully staffed 24 hours a day with approximately 450 births and was developed as the consolidation of 3 smaller MLUs. There is a further centre in Andover (200 births) that also has its service currently suspended due to recruitment issues.

A key feature of success seems to sufficient numbers of births to have 24 hour midwifery or to have a large pool of Midwives to call upon with no recruitment issues.

Safety

There is no evidence that suggests standalone MLUs are any less safe than home births, therefore, as long as women understand the risk is the same there would be no reason to close the unit on safety grounds.

- It is generally acknowledged that there is no difference in safety between a home birth and a birth in a MLU. The available information suggests that there is a higher likelihood of a normal birth with less intervention among women who give birth at home or in a MLU. It does not make a distinction between standalone MLUs and those on the sites of major acute hospitals.
- The issues of safety are the same for home births and standalone MLUs. Pool births, pain relief options and emergency equipment are of the same type whether at home or in a standalone unit and can be offered at home or in the MLU.

⁴ Conservative Party FOI Request, March 2008

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- If a transfer due to complications is required, again this is the same for home birth or standalone MLU and may involve an ambulance and Midwife escort.
- If the MLU is on the same site as a major acute hospital (as it is with the ISIS centre at Wexham Park) if there are complications transfer may be as simple as moving a bed from one room to another, or may mean bringing additional expertise into the MLU very rapidly.

Considerations

- The ABC is a standalone MLU with a small and decreasing number of births due to personal choice as women choose other venues for delivery and because the community midwifery services for Bracknell and some parts of Ascot will no longer be provided by the Trust. Women are most likely to choose to give birth where their community midwives can follow them through and so it is likely that the vast majority of women from that area will choose a home birth or Frimley Park as their venue.
- The move of service provider to Frimley Park leaves the Trust providing a midwifery service only to Windsor and Maidenhead from the Heatherwood site resulting in a very small number of midwives operating in the area.
- The Trust does experience difficulty in recruiting Midwives, much like many in the country as there is a recognised national shortage. The issue is about a dependable, sustainable service. Can the Trust guarantee that it can offer a standalone MLU in Ascot for the foreseeable future?
- The Trust can and does offer women in our area a number of choices for the place of birth that include their own home, MLU (the ISIS Centre at Wexham), and full Labour Ward, and there are other Trusts that offer maternity services very close to the area.. Those choices are all available in 15 to 40 minutes travel time from the area depending on which hospital may be chosen (not assuming public transport is used as this would be unlikely for a woman in labour).
- There is no evidence that patient safety is any different at home to a standalone MLU and the Trust will continue to offer home births for the population it will serve in the area.

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- 23% of women who laboured in the ABC needed transfer to an acute setting and the Trust's Obstetricians believe a standalone MLU creates unnecessary clinical risk through the need to transfer.
- Informal discussion with the Bracknell and Ascot GPs suggests they support the view that the Trust cannot provide a sustainable stand alone MLU.
- There is a softer and subjective side to this point that should be considered. Women are properly informed that the ABC is no safer than a home birth and choose it on that basis. However, some may still think that it provides a higher level of safety than home simply by the fact it is in a building called a "hospital". This may mean that some that are transferred are shocked that it happens and it may cause even greater anxiety at a time of stress.

Options

There are 2 options:

1. Re-open the ABC
2. Permanently close the ABC

Option 1

To deliver this option the Board must conclude that it can guarantee a dependable, sustainable service.

Option 2

To deliver this option the Trust must recommend to the Commissioners that it does not consider it can provide a dependable, sustainable service.

Philippa Slinger

Chief Executive