Review of the NWL Maternity and Neonatal Services Transition

April 2016
Introduction

- On 1 July 2015 the transition of maternity and interrelated services in NW London took place. This was in line with the timing agreed by Ealing CCG Governing Body on 20 May 2015.
- The transition included the following changes:
  - new arrangements for community maternity services across NW London,
  - new facilities for community clinics in Ealing and inpatient obstetric units at hospitals across NW London
  - closure of the inpatient and neonatal unit at Ealing Hospital.
- In total, 778 women had their maternity care safely transferred to a new maternity unit.
- As part of the assurance for the transition, Ealing Maternity Safety Committee recommended that a review was undertaken 6 months following the transition in order to:
  - Conduct an initial assessment of the planned benefits and their realisation
  - Highlight the good practice that has developed as a result of the transition, including evaluating the clinical benefits, estate developments, and further softer benefits
  - Identify any areas that require further development in order to realise the benefits
Overall, the maternity review found that the changes have been made safely and patients are now seeing improvements to their care.

- All women booked to give birth at Ealing Hospital prior to the changes had their care transferred safely to nearby hospitals
- Across NW London, we have improved the midwife to birth ratio to meet national standards,
- All six maternity units have increased hours of senior consultant cover.
- 100 new midwives have been recruited to NW London as a result of these changes.
- In Ealing there is now improved continuity of antenatal and postnatal care closer to people’s homes
- We are also piloting a new perinatal mental health service for the area.
2016 National Maternity Review

• In February 2016 the national maternity review, overseen by Baroness Cumberledge published its report “Better Births, Improving outcomes of maternity services in England” which sets out the five year forward plan for maternity services across the country.

• The changes in NW London are aligned with this national vision meaning NW London is already delivering the majority of the standards of care outlined in the review.
Objective of the NW London maternity changes

The clinically led changes to maternity services in NW London were essential to:

• respond to the increasing number of women with complex health needs during pregnancy;
• provide consistent high-quality maternity care by concentrating staff, expertise and resources in fewer centres and;
• increase the number of midwives and the hours of senior consultant cover.

In total, NW London set out 18 clear objectives and expected outcomes that the changes should achieve:

• 12 have been fully achieved in first 6 months
• 6 are in progress

The NW London review evaluates progress towards these objectives, reviews demand and service provision, looks at staff and patient experience as well as setting out best practice learning and recommendations.
Transfer of women

- 969 women booked to give birth at Ealing Hospital were contacted personally by a phone call from a midwife
  - 190 did not need their care to be transferred as they gave birth at Ealing prior to closure, they were no longer pregnant or they had moved house
  - 778 women had their care transferred to an alternative hospital
  - Only 1 woman could not be contacted; her GP later confirmed she moved out of area and her care had been transferred appropriately
  - 15 women were unable to be offered their first choice of alternative unit and their care was rearranged by the Maternity Booking Service
- All the women were transferred safely with no clinical incidents or concerns raised and by the end of January 2016 had given birth.
Maternity model of care – early pregnancy care

Early access to booking appointments

- Nationally the minimum standard is 90% of women to have their booking appointment before the 12th week of pregnancy
- Across NW London we are meeting this target and are now aiming to have women booked before their 11th week of pregnancy.

Maternity Booking Service

- As part of the changes, a Maternity Booking Service was set up to manage demand and capacity centrally.
- The primary purpose is to assist women who are not able to get their first choice of maternity unit.
- From October to the end of the review, all women received their first choice.
Maternity model of care – antenatal care

• Women in Ealing now have more consistent community midwifery as midwives from West Middlesex, Northwick Park, St Mary’s, Queen Charlottes and Hillingdon hospitals are now providing antenatal clinics in **18 locations across Ealing**, primarily through children's centres and health centres.

• St Mary’s, Queen Charlotte’s, West Middlesex, Northwick Park, and Hillingdon Hospitals also run antenatal clinics out of Ealing Hospital.

• Since the changes have been made, all Ealing women have been able to be seen in the clinic location of their choice as long as their clinical needs can be met in the clinic.

• However, many of the clinics in the community in Ealing are not being well used - It is unclear whether women are choosing to go elsewhere as a preference or whether they are not being made aware that local clinics are available. Further communications have gone to the media, GPs and midwives to ensure women are being made aware of their options.
Maternity model of care – care in labour and at birth

Midwife-led units (MLU)

- There is now a MLU alongside every obstetric-led unit in NW London with 31 MLU delivery rooms in NW London accounting for 32% of the 97 delivery rooms available.
- There has been approx. 10% increase in MLU births since transition with an average of 371 MLU births a month. This equates to 15% of total births in NW London.
- MLUs should be actively promoted for low risk women as they are associated with lower risk of unnecessary interventions and increased satisfaction.

Midwife to birth ratio

- All 88 midwives working at Ealing Hospital were transferred to other maternity units in London, and over 100 more midwives were recruited.
- The NW London average has improved to 1:30 since transition achieving the London Quality Standard. However, Hillingdon and West Middlesex still have ratios greater than 1:30. Whereas Northwick Park is considerably lower at 1:27.
- In line with London Quality Standards, NW London is working to make sure all women receive 1:1 care from a midwife while in active labour. Current figures show that 94% of women receive 1:1 care, which is the same as prior to the transition.

Consultant cover on labour wards

- The benefits case set a target of 123 hours of consultant presence by 2015/16 as a stepping stone towards 168 hours/week.
- Post transition consultant cover has improved by 20% across NW London to 122 hours per week, in line with the 2015/16 target set.
Maternity model of care – postnatal care

**Continuity of Care**
- Trusts worked together to review their catchment boundaries for maternity care to help improve continuity of care.
- Before the changes, 42% of women had their postnatal care provided by a different hospital trust to their antenatal care.
- This has now reduced to 21%, meaning more women are seeing continuity of care as a result of the transition.

**Transitional Care**
- One major development in clinical care is the implementation of ‘transitional care units’. These units provide the additional support that some babies require, whilst allowing mother and baby to remain together on the postnatal ward.

**Breastfeeding initiation rates**
- Rates have improved at all units with the exception of Northwick Park and West Middlesex where the rates have remained constant.
- Queen Charlottes and St Marys have introduced a community breastfeeding support service and Hillingdon has a new feeding coordinator for infants.

**Perinatal mental health**
- Alongside transition discussions, ideas for a more comprehensive perinatal mental health service were generated; this service is now being piloted
Planning for the changes included 3000 expected deliveries moving from Ealing Hospital. This is 500 more deliveries than Ealing Hospital saw on average, building in capacity for potential population increases.

As expected, the majority of women from around Ealing Hospital have chosen to book at West Middlesex or Hillingdon hospitals.

There has been no change in the overall volume of deliveries since the transition and forecasts show that no maternity unit will exceed the number of births they expected from Ealing. However, other factors— including a growth in births from Brent— means Northwick Park Hospital is projected to exceed its maximum annual capacity if no action is taken.

Forecast activity from Ealing Hospital in 2015/16 and 2016/17 compared to planned

*When Ealing Hospital maternity unit was in operation, Ealing women still chose to give birth at other units. This graph indicates that fewer women are choosing to go to St Marys after the transition than did previously.*
Interdependent services

**Neonatal care**

- The neonatal unit at Ealing hospital closed on 29 June 2015 with no babies in the unit at the time.
- Additional capacity of 15 neonatal cots was put in place at receiving Trusts for the transition.
- Neonatal activity has been increasing at all NW London units since 2012 and this activity increase is attributable to an increase from within NW London rather than transfers into the region.
- While the average numbers of transfers within NW London have not changed, there has been an increase in transfers to other networks due to lack of intensive care capacity for babies needing surgical care. However, Ealing Hospital did not previously this level of care, therefore this increase in demand is unrelated to the closure at Ealing.

**Gynaecology**

- Ealing Hospital continues to provide planned inpatient and outpatient gynaecology services on-site.
- It also now provides new emergency gynaecology services to support the emergency department at Ealing Hospital. These included an enhanced gynaecology emergency clinic at Ealing Hospital during the week, incorporating an early pregnancy assessment unit, and an emergency gynaecology clinic at the weekend.
- All the early pregnancy assessment units across NW London have seen average numbers of attendance increase, including at Ealing Hospital, following the transition.
Experience of women who had their care transferred

- A survey was undertaken with women whose care was moved from Ealing Hospital.
- 778 postal surveys (with freepost return envelope) were sent out and face-to-face surveys took place in two children’s centres in NW London.
- In total there were 103 responses (13%), which is higher than expected for this type of survey.

### Information and materials

- Only 45% said their midwife asked about their travel plans when they had their care moved.
- A quarter felt less able to get to appointments on time after they were moved. Some women did highlight an increase in travel time – especially where public transport was involved.
- 68% said the change did not make it harder for them to attend their antenatal appointments.

### Travel and access to care

- 76% said they had received information about hospital choices and travel.
- 63% received this in the post.
- 55% received this from their midwife.
- 72% felt they had enough information about where they could choose to give birth and 74% felt they had enough information about travel.

### Overall experience of care

- 59% felt supported through the transition but 26% did not.
- Once under the care of their new unit 79% were happy with the care they received.
Staff experience

Approach to staff transfers

• We focussed on retaining skills and knowledge within NW London as well as increasing the overall number of midwives in the area. There were no redundancies, or resignations, as a result of transition and training bursaries were provided to staff transferring to another unit. However a change in date of transition did have a negative impact on staff morale.

• In total, an equivalent of 100 additional full time midwives were recruited.

Clinical Leadership

• Strong relationships were forged between clinical leaders as the heads of midwifery from all trusts came together on a regular basis to implement the changes. This combined expertise has been instrumental in driving up clinical quality and leads continue to meet regularly.

Obstetrics and gynaecology postgraduate medical trainees

• Six obstetrics and gynaecology postgraduate medical trainees based at Ealing were matched to an alternative hospital in line with their normal cycle of rotations and no trainees failed to meet their annual competencies as a direct result of the transition.

• A survey to all obstetrics and gynaecology trainees in NW London found a general feeling that workload had increased but there was a split view on whether this has positively or negatively impacted training.

General practitioners (GPs)

• All GPs felt that women usually need some form of support in making an informed choice and 57% felt the information they had received from their CCG (75% in Ealing) had been useful in helping to communicate the changes.
Midwife experience

Midwifery staff

- Focus groups were undertaken in January 2016 with 29 midwives at four out of the five trusts to obtain feedback on the transition and learn for the future.

- Most midwives spoken to from Ealing did not find the transition straightforward and raised issues around the uncertainty of the closure date and the speed of the transition. There was a divide between these midwives over the effectiveness of communications to them, with some receiving information from many sources and others saying they hadn’t received any personal communications.

- Equally there were varying issues around travel, with some finding their commute shorter whilst others experienced longer journeys. The majority of midwives had now settled into their new jobs well.

- A number of midwives commented that they felt their workload had increased post-transition.

Midwifery Trainees

- Midwifery trainees commented on the positive aspects of moving from Ealing Hospital and felt they were able to make informed choices about which units to transfer to.
Best practice learning and recommendations

- This review of the first six months following the transition of maternity and neonatal services has highlighted many areas of good practice.
- There are several areas identified for further focus to ensure the intended benefits are fully realised. These recommendations should be monitored to ensure they are completed in order to further improve the maternity model of care in NW London.
- See the full report online for more detail.

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Best practice learning to share across the NHS England network

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Recommendations for furthering the maternity work
Summary

- NW London has managed a complex service change safely and with clear benefits to patients, mothers and their babies.

- New community services have been developed, facilities at the receiving hospitals invested in, a significant number of new midwifery staff appointed and the maternity and neonatal units closed safely.

- The majority of women who had their care transferred felt supported and well communicated with. Whilst it has been a major change for staff who worked at Ealing hospital, they are now settled in their units and through the strong head of midwifery network that has been formed, they will continue to be actively supported.

- The changes in NW London are aligned with the national maternity review, meaning NW London is already delivering the majority of the standards of care outlined in the review.

- The maternity review has considered the progress towards the achievement of these benefits, good practice has been highlighted as well as several recommendations for the further development of the service.