Creating an NHS

fit for the future

in East Sussex

Key trends in consultation feedback

Executive summary

Over the past two years, healthcare organisations throughout England have been working with local partners to consider how to improve the quality and scope of services and make sure that the NHS is 'fit for purpose.'

In East Sussex, the 'Creating an NHS Fit for the Future' development process has been led by East Sussex Downs and Weald PCT and Hastings and Rother PCT (primary care trust). Following informal meetings with stakeholders, analysis of key trends, and a 'discussion phase' covering development issues throughout Surrey and Sussex, the PCTs narrowed the focus to potential changes in the location of birth services, special baby care and inpatient gynaecological services.

The PCTs proposed that a consultant-led maternity unit may be available at one hospital in East Sussex instead of the current two, and that this unit may or may not be supplemented by a midwife-led unit on the other hospital site. The PCTs suggested that such a change is necessary in order to follow guidance from the Royal College of Obstetrics and Gynaecology about the training needs of doctors, to address concerns about maintaining standards in hospitals which help less than 2500 women give birth each year, to address reductions in the number of hours per week that junior doctors will be allowed to work from 2009, and to provide more choice in the types of birth places available to local families.

Responses

Between 26th March and 27th July 2007, the two PCTs formally consulted about the proposed changes. PCT representatives took part in 87 meetings, organised two focus groups, and invited people to submit written feedback using letters, feedback forms, email, and online response forms. Responses representing almost 17,000 people were received. These comprised 250 response forms, 133 letters and emails, feedback from 57 meetings and notes from two focus groups. In addition, a number of 'bulk completion' responses were received including eight petitions and a postcard petition with 1521 individual submissions.

The majority of responses were from individuals, but key groups also submitted feedback including councils, hospital trusts, neighbouring PCTs, the Maternity Services Liaison Committee, campaign groups, political parties, businesses and patient and public involvement groups and forums.

In summarising key trends in the consultation responses it is important to emphasise that consultation is a process that aims to inform stakeholders about proposed changes and foster discussion, debate, and thoughtful input prior to a final decision by the PCT Boards. Consultation feedback is one of many factors that the PCT Boards will consider when planning next steps. A public consultation is not a referendum where people are asked to 'vote' for a preferred course of action. Levels of support for specific alternatives and their perceived strengths and weaknesses will be one of many factors that the Board will bear in mind as part of their ultimate decision-making process.

Options

The PCTs asked people to consider the advantages and limitations of locating a consultant-led birth service in Eastbourne versus Hastings and the benefits of developing a midwife-led centre in whichever hospital did not have a consultant-led unit. Additional options were suggested during the consultation period, including the potential to locate a midwife-led unit equidistant between Hastings and Eastbourne, locating midwife-led birth centres offsite from hospital, and locating a consultant-led unit at both hospitals.

Given that the consultation is not a vote, the support for different options will be just one factor for consideration. However, levels of support are reported here for completeness. Of the 393 letters, emails and response forms received:

- 4% stated that they supported a consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne, with no hospital births at Hastings (Option 1). 40% stated that they disagreed with this option and 56% did not make an explicit comment about this option.

- 2% stated that they supported a consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings, with no hospital births at Eastbourne (Option 2). 42% stated that they disagreed with this option and 56% did not make an explicit comment about this alternative.

- 20% stated that they supported a consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne, with a midwife-led unit at Hastings (Option 3). 30% stated that they disagreed with this option and 50% did not make an explicit comment about this approach.

- 21% stated that they supported a consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings, with a midwife-led unit at Eastbourne (Option 4). 27% stated that they disagreed and 52% did not make an explicit comment.

- 37% supported locating a consultant-led unit at both Eastbourne and Hastings either by changing staffing or maintaining the status quo. 3% were against this option and 60% did not make an explicit comment about this possibility. In addition, the PCTs received 9263 signatures on petitions and 1521 postcards stating that two hospitals should have consultant-led birth services.

People could support more than one option simultaneously. As might be expected, those living nearest to Eastbourne favoured locating a consultant-led unit in Eastbourne and vice versa for those living nearest to Hastings. Organisational stakeholders such as councils, hospital trusts and neighbouring PCTs were more likely than individuals to support the PCTs' overall vision for the future and proposed changes.

Strengths and weaknesses

The perceived advantages of each option tended to be similar. For instance, someone supporting Option 1 might say that 'ease of access' was a key advantage, whereas someone else might list 'ease of access' as a key advantage of Option 2. The main things that people thought were advantageous about different options included:

- locating services in areas where there is a growing population
- staff and infrastructure savings,
- locating services where more people are within travelling distance,
- locating services to promote the highest safety,
- locating services to encourage greater choice,
- better geographical placement (eg for travel to other centres),
- supporting deprived communities,
- having a local place of birth.

These advantages applied predominantly to Options 1-4. People did not tend to describe any perceived advantages from Option 5 apart from continuing consultant-led services on two sites, with access to the widest population.

The main things that people thought limited different options were very similar, regardless of the particular option being discussed. For example, people might suggest that long journey times were a potential disadvantage with Option 1. They might also suggest that long journey times were a potential disadvantage with Options 2, 3 and 4. The most commonly mentioned disadvantages were:

- safety concerns,
- long journey times,
- lack of services in one area,
- not catering for deprived populations,
- lack of choice,
- unacceptable to the public,
- lack of capacity / too many births for one centre to too cope with,
- increased travel may have negative environmental impacts,
- increased cost of travel,
- poor public transport and resulting pressure on ambulance service,
- negative impact if staff have to move location or travel to work,
- poor facilities available at specific sites.

People commenting on Option 5 did not tend to describe disadvantages, but those that were mentioned included potential increased cost, practicality concerns, and difficulty recruiting and retaining staff.

Key messages

Regardless of which particular option people supported, there were some common messages in the feedback received.

- Some health professionals and voluntary groups felt that a greater focus on midwifery-led care could help to promote straightforward birth and facilitate choice. Councils also suggested that there was an opportunity to examine how health and social care services could work together to improve care around the time of birth, and that the PCTs should take a holistic approach to planning and implementation.

- However, people wanted to ensure that midwife-led units were an added choice for local women rather than a substitute for consultant-led care. There was a concern that having one consultant-led maternity unit instead of two could increase journey times for women in labour which in turn could have a negative impact on both safety and convenience. People were worried that without a readily accessible consultant-led unit, the lives of mothers and babies might be at risk.

- People were eager for levels of deprivation to be considered in future planning, as well as the impact that changes may have on local families, staff, and the environment. Those living closest to Hastings suggested that their area had great deprivation, and some living near Eastbourne suggested that deprivation was also an issue locally.

- Some believed that a shortage of midwives and consultants would make some of the options impractical. Others were worried about the impacts of any change on staff and potential redundancies. Many individuals and organisations questioned whether the implications of the proposals had been fully thought through.

- There was a strong feeling that the PCTs should not make their decisions in isolation. People felt that consultations currently underway about potential service changes in West Sussex and Kent may have important implications for the people of East Sussex. In particular, there were concerns about potential closures in Haywards Heath and the capacity of the Royal Sussex County Hospital in Brighton.

- People expressed concern that finances were driving change rather than safety or improved quality. There were concerns that any changes in birth services may be followed by reconfiguration of other unrelated services. The changes were seen to be the start of further closures.

- There were concerns about the consultation process itself, specifically regarding its scope, the presentation of content, the accuracy of information, and the extent to which the Boards will use the feedback.

The PCT Boards will reflect on these key themes when considering next steps.

Contents

1. Background

1.1 Scope

Between 26th March and 27th July 2007, the two primary care trusts (PCTs) in East Sussex formally consulted about potential changes to the location of care that women receive around the time they give birth, special baby care and inpatient gynaecological services.

This report, written by an independent compiler from outside the health service and outside the East Sussex area, summarises key themes in the responses received during the consultation period. It does not describe individual responses, seek to weight responses or make judgements about their usefulness, nor make suggestions about outcomes. The report is not a substitute for reading the individual consultation submissions, but seeks to draw out repeated trends within the responses in order to compile the key issues highlighted by the wide variety of stakeholders who contributed.

The report has been written as an internal document for use by the PCT Boards in East Sussex when considering decisions about next steps. While it is acknowledged that the Boards wish to openly share the summary with members of the public and other key stakeholders, the document was not written specifically for these audiences. The report is just one among many things that the Boards will consider when making decisions. All submissions to the consultation from individuals and groups are available for the Boards to consider in addition to this summary, and Board members have attended various consultation meetings to hear feedback firsthand.

Other reports have also been written to assist the Boards, including an outline of the consultation process itself and an appraisal of new options submitted during the consultation period. Furthermore, the Boards will consider financial breakdowns, risk assessments, and detailed documentation about each of the proposed ways forward.

As such, this report is not a summary of all processes and outcomes associated with the consultation, but rather an overview of trends in one component: feedback formally received during the consultation period.

The first section of the report describes the context of the consultation, the factors that local people and organisations were asked to comment on, and the methods used to request and compile feedback. The second section examines the number and type of responses received. The report then outlines people's perceptions about the need for change and the vision for the future set out by the PCTs. This is followed by feedback about a variety of proposed options for the future and issues that people wanted the PCT Boards to consider when making their decisions. The final substantive section examines people's feedback about the consultation process itself.

1.2 Context

For almost 60 years the NHS has provided health services for local people. The NHS is now considering how to prepare for the future in order to keep up with people's changing needs, rapid changes in technology and medicine, the increasing population, and changes in the types of illnesses people face.

Throughout the country, NHS organisations are working with local authorities, health and social care professionals, service users and the voluntary sector on a development programme known as 'Creating an NHS Fit for the Future.' In East Sussex, this is being led by East Sussex Downs and Weald PCT and Hastings and Rother PCT.

The Fit for the Future programme is examining how to support people to keep themselves well, make the best use of services in the community, and help hospitals focus on people with the most specialist and complex needs.

> *"Through the Creating an NHS fit for the future project we have the opportunity to rethink the way we provide health and social care to offer better services, better outcomes and better use of our staff, buildings and equipment."* (Consultation document)

Local people have been asked for feedback about a wide range of related issues during the development and discussion of the Fit for the Future programme, but the formal consultation about potential changes focussed on maternity and gynaecological care.

Maternity services include the full range of care offered to families during pregnancy, birth, and the early stages of parenthood. The East Sussex consultation focussed predominantly on one aspect of maternity services: potential changes to the place of birth. In East Sussex, birth services are currently available:

- in women's homes, where women at 'low risk' of complications are supported by midwives,
- at Conquest Hospital in Hastings, which provides obstetrician-supported care for women at all levels of risk (consultant-led care),
- at Eastbourne District General Hospital, which provides obstetrician-supported care for women at all levels of risk,
- and at Crowborough Birthing Centre, which provides midwife-supported care for women at low levels of risk (midwife-led care).

The PCTs suggest that there is a need to rethink where birth services are offered due to safety and staffing concerns. The Royal College of Obstetricians and Gynaecologists recommends that the consultant presence on labour wards and on-call and emergency staff cover should increase, and that units such as Eastbourne and Hastings which support fewer than 2,500 births each year should only accept women at low-risk of complications because these 'smaller units' do not offer enough opportunities for medical teams to keep their specialist skills up to date.

In line with the European Working Time Directive, from 2009 junior doctors will be working a reduced number of hours each week. The PCTs suggest that if doctors and midwives are located across two hospital sites, there will be insufficient staff available to keep both specialist units open 24 hours a day. Even if more staff are hired, they will not see enough women each day to keep their skills up to date.

The PCTs also state that, in line with *Maternity Matters*, it is important to provide women with a choice of different types of birth places, ranging from their own home to midwife-led units and consultant-led units.

In this context, the PCTs propose:

- providing consultant-led obstetric care at a single hospital site open 24 hours a day, seven days a week at either Eastbourne or Hastings, with a specialist baby care unit and gynaecology care at that hospital,
- providing midwife-led care at the same location and elsewhere in East Sussex, including Crowborough,
- providing emergency or planned gynaecology treatments at the proposed specialist centre (Eastbourne or Hastings).

In short, the PCTs propose centralising consultant-led birth services into one hospital rather than the current two, with provision for midwife-led services elsewhere. Antenatal and postnatal care would continue to be provided in localised venues and outpatient, day case and investigative gynaecology services, including emergency pregnancy services, would continue to be provided at both Eastbourne District General and Conquest Hospital.

1.3 Consultation process

Between March and July 2007, the PCTs formally asked people for feedback about the proposed changes to birth services. This followed a 'discussion phase' in 2006 where people had commented about a much wider range of topic areas. The PCTs used comments from the discussion phase to help shape the proposals they formally consulted people about.

Distributing information

The PCTs issued consultation documentation summarising their vision for the future in March-April 2007. Information was available through discussions with members of the PCT team, in paper form, and online at a consultation website.

According to the PCTs, information about the consultation was disseminated widely. 1555 full consultation documents were circulated and 18,525 copies of a summary version were distributed. The PCT also aimed to send out a document produced in support of an additional option whenever copies of the PCT summary were distributed.

Information posters were sent to:

- all libraries in East Sussex
- all post offices in East Sussex
- all supermarkets in East Sussex
- all pharmacies in East Sussex
- all GPs in East Sussex
- Eastbourne District General Hospital
- Conquest Hospital, Hastings

Four supermarkets were provided with additional consultation documents for their customers: Budgens in Battle, Budgens in Heathfield, Jempsons in Rye and Langney Shopping Centre.

The PCTs held two roadshows, where staff handed out information to members of the public and received comments and questions. These were held in the Arndale Centre, Eastbourne and the Priory Meadow Centre, Hastings.

An e-bulletin updating stakeholders on the consultation was distributed in June and the consultation website was updated regularly.

Seeking feedback

The PCTs invited feedback about their proposals using a range of methods:

- letters,
- a feedback form included in the consultation documentation,
- an online feedback form,
- public meetings,
- meetings with community and stakeholder groups,
- and focus groups.

The PCTs organised 12 public meetings in Bexhill (36 people), Crowborough (32 people), Eastbourne (one meeting with 300 people and another with 171 people), Hailsham (34 people), Hastings (one meeting with 25 people and another with 60 people), Lewes (25 people), Newhaven (7 people), rural Rother (30 people), Seaford (250 people), and Uckfield (400 people). In addition, the PCTs met with community groups and other stakeholders (see Table 1) and with staff groups (see Table 2), and organised two focus groups.

The PCTs reported attempting to reach those who may not otherwise participate in consultations by contacting:

- 1066 Housing
- Age Concern
- Alzheimer's Society
- Bangladeshi Women's Group
- Black and Minority Ethnic Working Group
- Churches Together
- Cottage Day Centre
- Diverse Culture Group
- East Sussex Association for the Blind
- East Sussex Disability Association
- East Sussex Hearing Resource Centre
- Eastbourne Blind Centre
- Hastings Voluntary Action
- Homeless Drop-In, Eastbourne
- Kids Fun File
- Langney Community Church
- MIND
- Playgroups, nurseries, pre-school groups, mother and toddler groups, baby drop-in sessions, crèches, La Leche League and the NCT
- Rural Voices, Rural Choices
- Sompriti
- Sure Start
- Sussex Deaf Association
- Travellers
- Youth Development Service
- Young Person's Council, Hastings

Table 1: Meetings attended by the PCT team to discuss the consultation

26 March 2007	Hastings and Rother Patient and Public Involvement Forum
4 April 2007	Care for the Carers: West Carers Planning Group
11 April 2007	East Sussex Federation of Women's Institute
13 April 2007	Hastings Women in Business Lunch
16 April 2007	Maternity Services Liaison Committee
17 April 2007	Care for the Carers Countywide staff meeting
9 May 2007	Care for the Carers: East Carers Planning Group
10 May 2007	Voluntary Organisations Supporting Older People
10 May 2007	Muddy Boots – Battle Community Network
14 July 2007	Focus Group, Uckfield
15 May 2007	East Sussex Rural Partnership
17 May 2007	Health Overview and Scrutiny Committee (HOSC)
21 May 2007	Voluntary Organisations, Older People's Network Group
21 May 2007	Maternity Services Liaison Committee
21 May 2007	Hastings and Rother Patient and Public Involvement Forum
25 May 2007	ESDW Patient and Public Involvement Forum
30 May 2007	Rother Local Strategic Partnership
5 June 2007	Sure Start Parent Involvement Group
7 June 2007	Hastings Borough and Rother District Councils
7 June 2007	Health Overview and Scrutiny Committee
8 June 2007	Care for the Carers Development Group West
11 June 2007	Rother Overview and Scrutiny Committee
19 June 2007	Sure Start Baby Club
22 June 2007	Health Overview and Scrutiny Committee
25 June 2007	National Childbirth Trust, Heathfield and District Branch
25 June 2007	Hastings and Rother Patient and Public Involvement Forum
28 June 2007	Hastings Chamber of Commerce
2 July 2007	Eastbourne Borough Council
5 July 2007	Hastings Youth Council
8 July 2007	BME Working Group
9 July 2007	Lewes District Council
10 July 2007	Children's Trust Executive Group
16 July 2007	Eastbourne Ratepayers Association
17 July 2007	ESDW Patient and Public Involvement Forum
24 July 2007	National Childbirth Trust, Eastbourne
25 July 2007	Health Overview and Scrutiny Committee
26 July 2007	Homeless drop-in, Eastbourne

Table 2: Clinical and staff engagement

11 April 2007	Staff Briefing at Hailsham Health Centre
12 April 2007	Staff Briefing at Uckfield Community Hospital
16 April 2007	Staff Briefing at Grove House, Crowborough
18 April 2007	Clinical engagement / PEC development meeting
19 April 2007	Staff Briefing at St Anne's Road, Eastbourne
23 April 2007	Staff Briefing at Friars Walk, Lewes
23 April 2007	Staff Briefing at East Sussex Hospitals Trust, Conquest
23 April 2007	Staff Briefing at Bexhill Hospital
24 April 2007	Staff Briefing at Hailsham Health Centre
24 April 2007	Staff Briefing at East Sussex Hospitals Trust, Eastbourne
1 May 2007	Staff Briefing at Seaford Health Centre
2 May 2007	Allied Health Professionals Forum
8 May 2007	Health Visitors Forum, Hastings and Rother
8 May 2007	East Sussex Hospitals Trust Midwives, Eastbourne DGH
9 May 2007	GP Meeting
10 May 2007	Professional Executive Committee
10 May 2007	Staff Briefing, Rye Memorial Care Centre
11 May 2007	Staff Briefing, Hastings and Rother PCT
16 May 2007	Health Visitors Forum, Lewes
22 May 2007	Hastings and Rother GP Education Forum
22 May 2007	East Sussex Downs and Weald GP meeting
23 May 2007	Hastings and Rother GP meeting
24 May 2007	Practice-based Commissioning GP meeting, Eastbourne
25 May 2007	East Sussex Hospitals Trust midwives, Crowborough
29 May 2007	East Sussex Hospitals Trust, Obstetrics and Gynaecology
29 May 2007	East Sussex Hospitals Trust midwives, Conquest Hospital
6 June 2007	Health Visitors Forum, Crowborough
26 June 2007	Staff Briefing, St Anne's Road, Eastbourne
3 July 2007	Staff Briefing, Eastbourne Park Medical Centre
5 July 2007	Staff Briefing, Friars Walk, Lewes
5 July 2007	Staff Briefing, Uckfield Community Hospital
9 July 2007	Staff Briefing, Heathfield Community Centre
13 July 2007	GP practice-based commissioning locality, Hastings
17 July 2007	Health Visitors Forum, Eastbourne
23 July 2007	East Sussex Hospitals Trust, SCBU and Gynaecology staff
23 July 2007	GP meeting, Eastbourne
24 July 2007	Staff Briefing, Seaford Health Centre
24 July 2007	Staff Briefing, Newhaven Health Centre
25 July 2007	GP PBC locality meeting, Hastings and Rother
26 July 2007	GP PBC locality meeting, Hastings and Rother

1.4 Compilation process

Prior to the consultation period, the South East Coast Strategic Health Authority commissioned an 'independent compiler' to collate and report trends in the consultation feedback on behalf of East Sussex PCTs (see Box 1). The PCTs in East Sussex were not responsible for selecting the independent complier and had no involvement in the compilation process. To ensure the compiler had no vested interests, someone independent of health and social services and outside the East Sussex area was selected. The compiler was not engaged in any events or consultation activities and did not meet with the PCT team to discuss the compilation process. The compilation is based on written materials submitted during the consultation period and notes from minutes, not on observation or involvement in consultation activities.

Box 1: Disclosure statement from independent compiler

Dr Debbie Singh, Senior Associate at the University of Birmingham Health Services Management Centre, was responsible for the independent compilation. Dr Singh is a researcher and analyst, not a health professional. She regularly undertakes consultation compilations independently for strategic health authorities and primary care trusts throughout England. Dr Singh has not conducted any consultation compilations for PCTs or maternity services in East Sussex previously. She has worked with the National Childbirth Trust to survey people's views about maternity services (outside East Sussex), with charities supporting teenage mothers (outside East Sussex), with East Sussex County Council to evaluate services for older people, and on consultations in neighbouring areas including mental health in West Sussex, Children's Centres in Brighton, care closer to home in West Sussex, and homeopathy in Kent. She has no vested interest in the outcome of the consultation and will not be involved in any decisions made by the PCT Boards.

The process used to compile consultation responses is as follows. All responses were emailed, submitted online or sent to a freepost address set up by the PCTs, or to members of the PCT teams. The PCTs logged responses on a spreadsheet and sent copies of the material to the independent compiler for transcription and collation on a weekly or fortnightly basis. The compiler had direct access to online response forms on the Fit for the Future website.

The compilation process focussed on describing the number and type of responses received and identifying similar themes within the responses. The compiler read every response, transcribed qualitative material and key comments and assigned 'trend codes' to statements to allow trends to be quantified. The trend codes from every response were then entered into a database. SPSS (the Statistical Package for the Social Sciences) was used to identify quantitative trends, and 'grounded theory' techniques were used to group key themes in the qualitative material. Quotes were used to illustrate key points throughout the report.

Cabinet Office Consultation Guidance states “when analysing responses, remember that consultation is not a public vote.” The consultation is not a public referendum, so the role of the independent compiler was to identify emerging ideas and highlight thoughtful responses about the potential advantages and limitations of suggested changes to birth services.

It is not the role of the trend summary to 'weight' the responses in any way, but it is important to report on the types of responses received so decision-makers can draw their own conclusions about how different types of responses should be considered. For this reason, the trend summary differentiates between ‘bulk completed’ responses and those that explicitly addressed the consultation questions. There were a number of ‘bulk completion’ responses received, including email and paper petitions and a petition using individual ‘postcards.’ These petitions were organised by campaigning groups and MPs and used various wording in support of consultant-led services at two hospitals, rather than on a single site. Bulk completion is neither illegal nor wrong, and campaigning organisations are entitled to organise supporters to respond in whatever way they wish. However, as the consultation is not a vote, the number of petition responses serves to illustrate the strength of feeling and organisation of supporters rather than adding any detail about the perceived advantages and limitations of different ways forward. For this reason, these responses are differentiated in the trend summary.

The PCTs provided the final responses to the independent compiler on 11 September 2007, though the majority of responses were supplied by 30 August 2007. The compiler submitted the summary of key trends to the PCT on 15 September 2007.

2. Responses received

2.1 Types of responses

This section describes the number and type of responses received, before moving on to an exploration of general themes in Section 3.

1981 responses representing almost 17,000 people were included in this analysis of key themes. These comprise:

- 250 paper and online consultation questionnaires from 251 people,
- 133 letters and emails, reported to represent more than 4000 people,
- notes from 57 meetings, with more than 882 people,
- 10 feedback sheets completed at meetings,
- notes from two focus groups, facilitated by an independent person,
- 1521 postcards sponsored by a local MP, signed by 2280 people,
- and 8 paper and email petitions, signed by 9263 people.

PCT representatives attended 89 meetings (see Section 1). Summary notes were prepared for 57 of these meetings, but were not taken at less formal meetings. Table 3 lists the meetings that have been included in the summary of key trends.

Table 3: Notes of minutes included as part of the consultation trend summary

Meeting	Number attending
Care for the Carers	17
Care for the Carers	17
Care for the Carers	17
Care for the Carers Development Group 9 May 2007	16
Care for the Carers Development Group West	16
Care for the Carers Development Group West 4 April 2007	10
Care for the Carers Planning and Development Group East	15
Care for the Carers Planning and Development Group West 4 April 2007	13
Clinical Meeting, Park Health Centre	21
Conservative Party 22 May 2007	30
Crowborough Birthing Unit midwives	8
East Sussex Rural Partnership 15 May 2007	10
Eastbourne Borough Council Cabinet	5
Eastbourne Focus Group	4
Eastbourne NCT meeting	10
Eastbourne Older Peoples Forum	13
Eastbourne RatePayers Association	25
East Sussex Hospitals Trust (ESHT) Midwives	Not recorded
ESHT Special Care Baby Unit and Gynaecology staff meeting	4
ESHT Staff Briefing 23 April 2007	Not recorded
ESHT Staff Briefing 24 April 2007	37

Meeting	Number attending
GP meeting	11
GP meeting 9 May 2007	13
GPs	12
Hailsham Public Meeting	34
Hastings and Rother Patient and Public Involvement Forum	14
Hastings and Rother Patient and Public Involvement Forum	17
Hastings consultation event	25
Hastings Young Persons Council and follow up email	16
Health Visitor Professional Forum	14
Health Visitor Professional Forum 16 May	14
Health Visitor Professional Forum 8 May	15
Health Visitor Professional Forum Eastbourne	20
HOSC	14
HOSC meeting 17 May 2007	9
Lewes Public Meeting	25
Midwife meeting @ ESHT May	Not recorded
Muddy Boots voluntary network 10 May 2007	10
NCT Eastbourne	8
New Options Assessment Panel 15 May 2007	7
PCT Allied Health Professionals 2 May 2007	10
PCT Public Meeting	19
PCT Public Meeting 8 May 2007	27
PCT Public Meeting 9 May 2007	7
PCT Public Meeting Bexhill 11 May 2007	36
PCT Staff Briefing in Eastbourne 19 April 2007	
PCT Staff Briefing in Eastbourne 23 April 2007	10
PCT Staff Briefing in Seaford 1 May 2007	8
PCT Staff Briefing Uckfield Hospital 12 April 2007	Not recorded
Public Meeting called by Greg Barker MP 4 May 2007	24
Roadshow - Arndale Centre, Eastbourne 12 May 2007	34
Rother Overview and Scrutiny Committee	Not recorded
Staff Briefing	Not recorded
Staff Briefing 11 May 2007	30
Staff Briefing Rye Memorial Care Centre 10 May 2007	4
Sure Start Parent Involvement Group	9
Uckfield Focus Group	8
Uckfield Public Meeting	40
Women in Business lunch	50

2.2 Characteristics of participants

In total, 95% of responses were from individuals and 5% were from organisations or groups. However, this figure is slightly skewed because each postcard was counted as an individual response. When only non-bulk completed responses are considered, 85% of letters, emails and response forms were from individuals and 15% were from groups. In total, 101 letters, emails, notes from meetings and other responses were submitted by health organisations, local authorities, voluntary and community groups, or businesses. All other responses were from people responding as individuals or on behalf of their families.

The majority of responses were from members of the public (see Table 4).

Table 4: Types of people responding

Type of respondent	Proportion of non-bulk responses (n = 393)	Proportion of all responses (n = 1981)
Individuals		
Member of the public	55%	89%
NHS clinical staff	17%	4%
Non clinical NHS staff	7%	1%
MP / councillor	4%	1%
Patient and public involvement	3%	1%
Social services staff	1%	<1%
Organisations		
Health organisation	4%	1%
Voluntary group	4%	2%
Council / Parish Council	4%	1%
Business	<1%	<1%
Other	<1%	<1%
Total	100%	100%

In order to examine the extent to which a wide variety of people participated in the consultation, the PCTs asked people to provide some background details about themselves including age, gender, ethnicity and geographical location. People who completed response forms were explicitly asked for this information, and information about location and gender was extrapolated from letters and emails where possible. Figure 1 provides the demographic details of individual responses.

Details about the location and gender of people who completed 'postcard petitions' are also available (see Figure 2). This information is presented to allow comparisons between those who completed the postcard petition and those who submitted other responses, and comparisons with the wider population of East Sussex by the PCT Boards if required.

Figure 1: Characteristics of 393 response forms, emails and letters

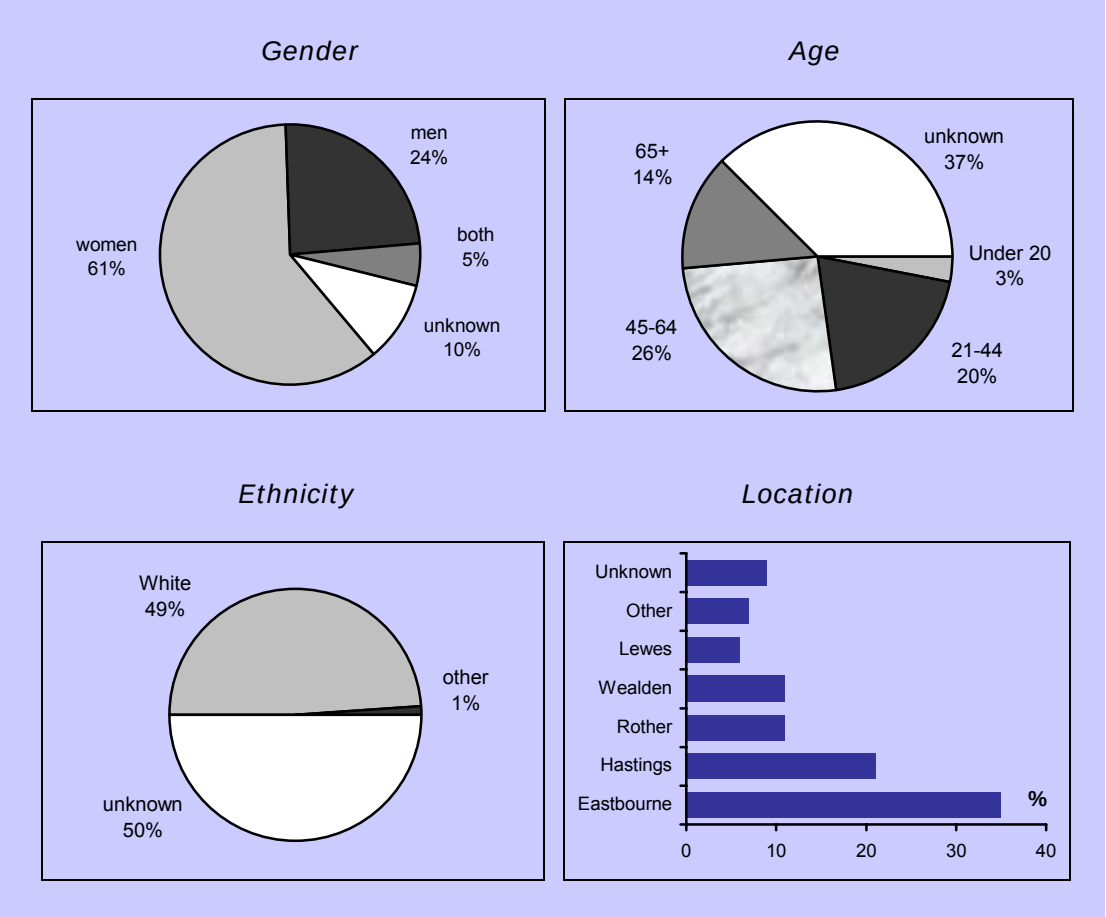
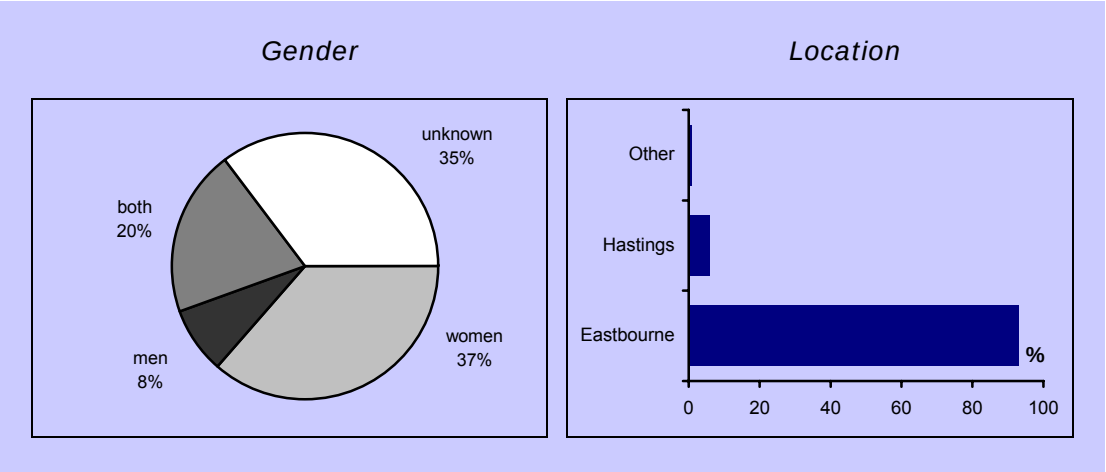


Figure 2: Characteristics of 1521 postcards sent as petition



3. Vision for the future

3.1 Reasons for change

This section describes people's views about the PCTs' stated reasons for change and overall vision for the future.

The consultation response form included questions about whether people understood and agreed with the reasons for change outlined in the consultation document, but most letters, emails and meetings did not explicitly comment about whether they agreed with the PCTs' stated reasons for change. Nor did the petitions or postcards make any comments about this. It is not possible to draw conclusions about whether this means the majority of people who responded did or did not understand the PCTs' suggested drivers for change.

In total 223 response forms and letters indicated whether or not they understood the reasons for change outlined in the consultation document and 209 of these responses stated whether or not they agreed with the reasons put forward. Of these, 74% said they understood the reasons that change was being proposed and 28% said they agreed with these reasons.

In other words, although only a minority of people commented about the overall vision put forward by the PCTs, most people who answered these questions felt that the PCTs had done a reasonable job of setting out the arguments for change. However, they were not necessarily convinced about the need for change. Men and women, people of different age groups, and those living in different boroughs were equally likely to hold these views.

At meetings some GPs, midwives, health visitors and obstetric consultants agreed with the PCTs that there were clinical reasons for proposing change.

> *"The clinical arguments are clear, there needs to be one consultant-led unit…The arguments are persuasive… There should be an independent arbitrator to make decisions on where the service should be based."* (meeting with GPs, May 2007)

These views cannot be taken to represent all clinicians, and indeed a number of practitioners had concerns about the specific options proposed. However, many of the clinicians attending meetings with the PCTs suggested that they agreed with the clinical and organisational drivers for some type of change.

Those who believed that the PCTs had fully set out their case for change tended to be organisational stakeholders rather than individuals. For example, a number of borough councils stated that they accepted the PCTs' analysis of key drivers for change.

> *"We recognise the viability of delivering high quality specialist baby care services at two locations is adversely affected by the less than optimum number of births at each location and the challenges presented by the European Working Time Directive regarding increased staffing levels. As a result we accept this means consolidating consultant-led maternity services in one location to ensure sustainability in the longer term."* (Hastings Borough Council)

East Sussex Hospitals NHS Trust, which runs both the Conquest Hospital in Hastings and Eastbourne District General Hospital, also stated that they recognised the need for change.

> *"The Board recognised the need for change and that maintaining the status quo was not an option on clinical or financial grounds… The 'do nothing' option was therefore not sustainable as this would incur additional costs of approximately £2.3m p.a to stand still and would lose RCOG recognition."* (East Sussex Hospitals NHS Trust)

Other stakeholders commented that the broader vision of preventive and community-based care was to be commended, and that health services should work in partnership with a wide range of stakeholder groups.

> *"The move from reactive to preventative healthcare is welcomed – it is in all of our interests if we can minimise the number of people suffering from illnesses in the first place. However, as a local authority … it is disappointing the key role that local authorities fulfil in funding and operating health promotion activities, as well as specific programmes such as GP referrals and MEND, are not recognised."* (Mid Sussex District Council)

The main perceived advantages of the PCTs' vision for the future, among both organisations and individuals were the potential to promote straightforward birth and the potential to increase midwife-led services such as Crowborough Birthing Centre.

> *"We welcome the commitment to increase community midwifery. It is good that the Trusts are seeking to minimise medical intervention in childbirth and good news that they have an agenda to increase the number of midwife-led units."* (National Childbirth Trust, Uckfield, Heathfield and District Branch)

On the other hand, some argued that the PCTs had not clearly set out the reasons for change, particularly reasons why both Hastings and Eastbourne could not have a consultant-led service, in addition to a midwife-led service.

> *"It is completely unreasonable for NHS managers to force through a set of options, all based on a single consultant-led unit model, without clearly demonstrating why a service with consultant-led units in both Eastbourne and Hastings is not possible."* (member of the public)

Others felt strongly that the stated reasons for change did not reflect reality. There was a perception that proposed changes were based on saving money rather than improving service quality.

> *"The background to the changes has been about financial deficits. There is concern that the changes proposed are financially driven. People are not convinced that this isn't just about finance."* (public meeting called by Greg Barker MP, May 2007)

Key organisational stakeholders sometimes held this view as strongly as individuals.

> *"We believe that these changes are purely driven by the huge debts that healthcare services in the south east have built up in recent years due to management failings, and not on medical grounds to improve patient care. Our concern in this respect is reinforced by much of the language used in the consultation document which appears in many cases to have given greater weight to financial rather than clinical drivers of change."* (Mid Sussex District Council)

People also expressed concerns about the potential negative impact of changing the location of birth services. Regardless of which particular options people supported, there were concerns that any change might have the following negative effects (listed in order of frequency mentioned):

- increased risk to the safety of mothers and babies,
- additional travel required by women and visitors,
- capacity problems due to not accounting for population increases,
- problems from not accounting for the needs of the most deprived,
- increased cost to individuals for travel,
- environmental impacts from travel,
- impacts on other services such as other hospitals and businesses,
- redundancies and impact on staff training,
- increased stress for women and families,
- impacts on gynaecology services for older women (<1%),
- and reduced birth rate if people choose not to have children (<1%).

Both individuals and organisational stakeholders mentioned these types of potential negative impacts. Thus even support for the PCTs' vision was tempered by some reservations about how changes might be implemented in practice and what the potential impacts might be.

4. Feedback about options

4.1 Proposed options

This section briefly outlines some of the options considered and put forward during the consultation period and people's views about the pros and cons of different approaches.

The PCTs put forward four options in the consultation documentation which focussed on consolidating obstetric birth services at one hospital site. At the beginning of the consultation, campaign groups suggested another option which was discussed widely in consultation meetings. The PCTs distributed a booklet with information about this option prepared by the campaign groups alongside material about the four original proposals. During the consultation period a range of other options were also suggested. All of the proposed new options were considered as consultation responses and included within this trend summary.

Furthermore, a New Options Assessment Panel, chaired by an independent facilitator, was set up to examine whether these additional options met basic safety and financial criteria. Those options judged to meet the criteria have been highlighted for further consideration by the PCT Boards during decision-making.

Table 5 briefly describes the different options suggested, using material drawn from the report of New Options Assessment Panel and information from the submissions themselves. This summary does not contain a detailed overview of each option because such details are provided in other documentation that the Boards will consider.

In addition to the four options proposed by the PCTs, there were seven other options put forward for consideration. Four of these were an extension of the PCTs' options and three were completely new alternatives.

In addition to these options, the local Maternity Services Liaison Committee presented another option for consideration by the Board on 9 September 2007. This option involves changing staffing to continue two consultant-led units and has not yet been assessed by the PCTs so is not included in the summary table.

> *"The MSLC has undertaken some research into new ways of working that would assist in the retention of a consultant obstetric unit in each town… The outline of Option 12 being drawn up by the MSLC has similarities to Option 5 as it is based on the retention of consultant units in both Eastbourne and Hastings… However there are new ways of working in regard to skills mix on labour wards that we believe will contribute towards a viable two obstetrics sites configuration."* (East Sussex Tri-Forum Maternity Services Liaison Committee)

Table 5: Options presented for further consideration

Option	Comments
Option 1 - put forward by the PCTs: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne with a midwife-led birthing centre at Crowborough. No hospital births at Hastings.	As it was put forward by the PCT as part of the consultation process, this option was not subject to consideration by the New Options Assessment Panel. The merits and limits of this option will be considered by the PCT Boards.
Option 2 - put forward by the PCTs: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings with a midwife-led birthing centre at Crowborough, No hospital births at Eastbourne.	As it was put forward by the PCT as part of the consultation process, this option was not subject to consideration by the New Options Assessment Panel. The merits and limits of this option will be considered by the PCT Boards.
Option 3 - put forward by the PCTs: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne with a midwife-led birthing centre at Crowborough and a further midwife-led birthing centre at Hastings.	As it was put forward by the PCT as part of the consultation process, this option was not subject to consideration by the New Options Assessment Panel. The merits and limits of this option will be considered by the PCT Boards.
Option 4 - put forward by the PCTs: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings with a midwife-led birthing centre at Crowborough and a further midwife-led birthing unit at Eastbourne.	As it was put forward by the PCT as part of the consultation process, this option was not subject to consideration by the New Options Assessment Panel. The merits and limits of this option will be considered by the PCT Boards.
Option 5 – put forward by local campaigns: Consultant-led medium-risk maternity unit at Hastings, consultant-led medium-risk maternity unit at Eastbourne, midwife-led birthing centre at Crowborough, with very high risk obstetrics, a neonatal intensive care unit and sub-specialist gynaecology at Brighton and Pembury. There were two variations of Option 5 with different medical staffing implications. Option 5a involved the recruitment of additional consultants whereas the Option 5b envisaged more work being undertaken by junior grade doctors.	The New Options Assessment Panel recommended that the merits and limits of this option should be considered by the PCT Boards. The independent chair noted that he had concerns about practicality and that the Panel was unable to come to a unanimous decision about whether this option should be considered further by the Boards.
Option 6 – put forward by obstetrician and a GP: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne with a midwife-led birthing centre at Crowborough and a further midwife-led birthing centre at a location in between Hastings and Eastbourne.	The New Options Assessment Panel recommended that the merits and limits of this option should be considered by the PCT Boards. Those proposing it said that locating a midwife-led unit within a hospital might give the false impression that a consultant would be on hand if needed and that a location less distant from the consultant-led unit could allay concerns about transfer times.

Option	Comments
Option 7 - put forward by obstetrician and a GP: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings with a midwife-led birthing centre at Crowborough and a further midwife-led birthing unit at a location in between Hastings and Eastbourne.	The New Options Assessment Panel recommended that the merits and limits of this option should be considered by the PCT Boards. The rationale is that locating a midwife-led unit within a hospital might give the false impression that a consultant would be on hand if needed and that a location less distant from the consultant-led unit could allay concerns about transfer times.
Option 8 – put forward by East Sussex Maternity Services Liaison Committee: model based on the maternity service delivered to people living in and around Barnstaple whereby a minimum number of consultants is used by relying on other types of staff.	The New Options Assessment Panel recommended that this option should NOT be considered further by the PCT Boards. After researching this model, the Panel concluded that the Barnstaple service is not currently compliant with the European Working Time Directive (EWTD) because middle grade doctors have chosen to opt out (meaning these doctors work longer hours than recommended and earn higher salaries). From 2009, the service will not be compliant with the EWTD.
Option 9 – put forward by East Sussex Maternity Services Liaison Committee: model based on the maternity service delivered to people living in and around North Lincolnshire.	The New Options Assessment Panel recommended that this option should NOT be considered further by the PCT Boards. The Panel concluded that this was similar to the current model of maternity care in East Sussex, with considerable extra staff. This option was considered and rejected as being unsustainable during the pre-consultation period. The independent chair suggested that there may be some merit in exploring a new staff post called 'advanced midwifery practitioners.'
Option 10 - put forward by a member of the public: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Eastbourne with a midwife-led birthing centre at Crowborough, a further midwife-led birthing centre at Hastings, and another midwife-led maternity centre in or near Eastbourne.	The New Options Assessment Panel recommended that the merits and limits of this option should be considered by the PCT Boards. It was suggested that having a midwife-led service in Eastbourne as well as a consultant-led service could increase choice.
Option 11 - put forward by a member of the public: Consultant-led maternity unit, inpatient gynaecology services, and Special Care Baby Unit at Hastings with a midwife-led birthing centre at Crowborough, a further midwife-led birthing unit at Eastbourne, and another midwife-led maternity centre in or near Hastings.	The New Options Assessment Panel recommended that the merits and limits of this option should be considered by the PCT Boards. It was suggested that having a midwife-led service in Eastbourne as well as a consultant-led service could increase choice.

Interestingly, a great deal of feedback received during the consultation did not focus on examining the merits of different options. Instead, people often commented on potential problems with any type of change or suggested that the status quo should be an option.

Of those letters and feedback forms that did focus on options for the future, apart from correspondence from and meetings with those proposing new options, most of the consultation feedback focused on Options 1-5. This is because these were the Options most promoted and talked about during the consultation period. Some people outlined general support for the overarching ideas outlined in Options 7, 8, 10, and 11, in that they felt that midwife-led services should be extended or located in different places. However, overall, the concentration was on formal options put forward by the PCTs or campaign groups. Therefore this section focuses in detail on the feedback received about these five options.

When interpreting the information about options below it is important to reinforce that the consultation is not a 'vote' and the options that gain high levels of public support will not automatically be selected by the PCT Boards. The PCT Boards will use public feedback as one of many sources of evidence when weighing up the pros and cons of each option.

The consultation response form explicitly asked people about their level of support for different options. The aim was not to promote a referendum, but rather to examine whether people felt more strongly about some of the options and to get a sense about people's relative weightings of different options. People also expressed their preferences in letters, emails and at meetings. Of the 393 letters, emails and feedback forms received:

- 4% stated that they supported Option 1,
- 2% stated that they supported Option 2,
- 20% stated that they supported Option 3,
- 21% stated that they supported Option 4,
- 37% stated that they supported Option 5 or two consultant-led units.

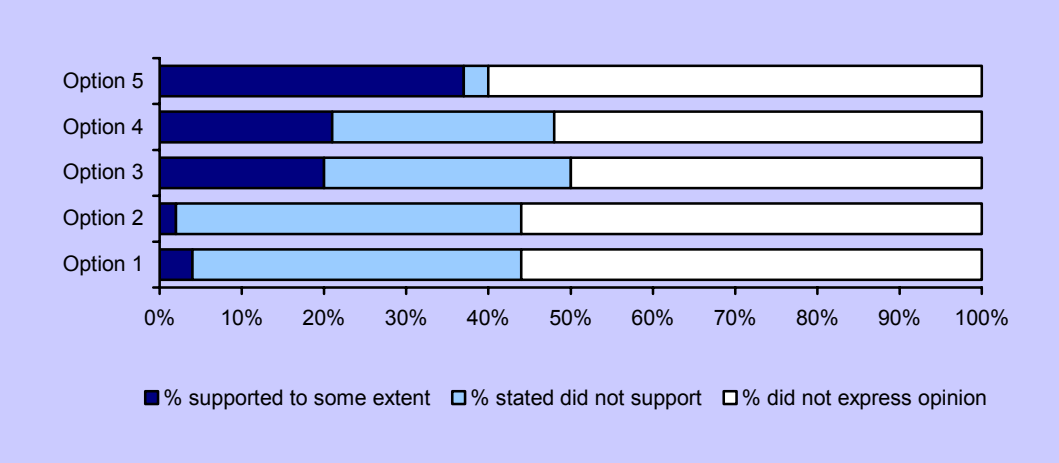
People could support more than one option simultaneously and a number of people did not state their opinions about particular options (see Table 6).

Table 6: Proportion of written responses supporting different options

	% supported to some extent	% stated did not support	% did not express opinion
Option 1	4	40	56
Option 2	2	42	56
Option 3	20	30	50
Option 4	21	27	52
Option 5	37	3	60

Note: The figures above are based on the 393 letters, emails, and response forms received. Bulk responses are excluded from this table.

Figure 3: Proportion of written responses supporting different options



In addition, the PCTs received 9263 signatures on petitions and 1521 postcards stating that they supported Option 5 or felt that two hospitals should have consultant-led birth services.

Those who proposed or promoted Option 5 emphasised that this alternative is not the same as the status quo.

> *"The NHS authorities have often claimed that Option 5 (which I support) is the 'status quo' (which it is not) and therefore that it is unaffordable… but surely at the end of the day the aim must be to deliver a safe and accessible service rather than to save money?"*
> (Nigel Waterson, MP for Eastbourne, Willingdon and East Dean)

However, consultation feedback suggested that many people did not understand the difference between Option 5 and the status quo. In postcards and in letters numerous people equated Option 5 with 'no change.' People made comments such as "leave things as they are, there is no need for change, I support Option 5." Others explicitly stated that they were unclear about how this option differed from the status quo.

> *"Clarification required on Option 5. What is different between this option and what is happening now?"* (public meeting in Crowborough, May 2007)

This is important because it means that a number of people supporting Option 5 may have been supporting 'no change' rather than the full implications of Option 5, which include differences in the way medical staff are used. Thus in interpreting the support for Option 5, the PCT Boards must bear in mind that many people were in support of the general principle to continue consultant-led services at two hospital sites rather than the specifics of medical staffing being proposed. These same people may equally support any other option that proposing consultant-led services at two sites, including alternatives proposed by the Maternity Services Liaison Committee.

It is outside the scope of this report to examine the preferred options of specific stakeholders, but some general trends are evident. While there was much diversity in opinion about the best way forward, some organisational stakeholders such as councils, hospital trusts, and PCTs in neighbouring areas tended to believe that there was a need to change.

East Sussex Hospitals NHS Trust, which runs Eastbourne District General Hospital and the Conquest Hospital, agreed with the PCTs that no change is not an option. The Trust suggested that a single sited obstetrician-led service with no midwifery service at the other site would be appropriate (Options 1 or 2), but expressed no clear preference about which site should house the obstetric unit.

> *"All the options attract additional costs and … the 'Do Nothing' option has an additional £2.3m p.a revenue cost but no capital requirement. The lowest amount of additional revenue is incurred under Option One with Option Two incurring the least additional capital costs."* (East Sussex Hospitals NHS Trust)

Some suggested that the Hospital Trust's preferences were financially motivated.

> *"At one stage it is my belief that the East Sussex Hospitals NHS Trust preferred the concentration of maternity services in Eastbourne for wholly financial reasons. Apparently the argument was that if a service was concentrated in Hastings rather than Eastbourne, others would have the option of going to Brighton and 'business would be lost.' If however, the service was concentrated in Eastbourne, Hastings mothers would have no choice and the business case was therefore made out."* (Michael Foster MP)

Other organisations, including selected councils and neighbouring PCTs said they supported the PCTs' preferred options (3 and 4). Most of these organisational stakeholders did not feel it would be appropriate for them to make a suggestion about the location of the consultant-led unit.

> *"Brighton and Hove PCT supports your proposal that maintaining two obstetric units is unsustainable and on that basis supports the provision of a single hospital site for consultant-led obstetric care which is open 24 hours a day… Brighton and Hove City PCT also supports the provision of midwife-led care at the single obstetric site and elsewhere in East Sussex including Crowborough … Brighton and Hove PCT understands that the boards of East Sussex PCTs will consider the best location for the site of the obstetric unit and would not wish to influence or comment on the location of your main obstetric site."* (Brighton and Hove City Teaching PCT)

Stakeholders tended to focus on the location of birth services, but some also commented specifically about gynaecology and neonatal care in the same vein.

> *"The location of a merged neonatal unit may be at Eastbourne or Hastings. There do not seem to be any clear advantages or disadvantages to either site."* (Surrey and Sussex Perinatal Network)

There were some concerns about continuing to provide paediatric services on a site without birth services, but these comments were made by a small minority of stakeholders.

> *"We would like to comment on your proposal to continue provision of paediatric services on the site that does not deliver obstetric services. This is of concern to us because of the strong medical staffing links between a special care baby unit and paediatrics and issues of critical mass."* (Brighton and Hove City Teaching PCT)

In fact, the majority of feedback focussed on the location of consultant-led units rather than special baby care, gynaecology services, or paediatric services.

Those who put forward Option 5 (continuing two consultant-led units) felt that this alternative had many merits over other options.

> *"Option 5 is a joint proposal from Save the DGH Campaign / Hands off the Conquest. Our emphasis is on safety, affordability, accessibility and choice. This has been drawn up by medical experts and complies with all the requirements laid down by the PCT; clinical effectiveness and safety, access and choice, financially sustainable (despite being told that its not about money), health gain and demographics, and sustaining two viable hospitals! Something Options 1-4 do not!"* (Save the DGH Campaign)

This view was supported by some organisational stakeholders, however these bodies tended to be reserved about expressing support for Option 5 without knowing the extent to which the PCTs feel it is a practical and sustainable alternative.

> *"The Council support the case put forward by the Eastbourne and Hastings hospitals' campaigning groups, which has become known as Option 5. It is considered that this would provide residents of Wealden, and indeed East Sussex, with the most choice and safety. However the Council note that Option 5 has yet to be fully evaluated by the Primary Care Trusts."* (Wealden District Council)

Others said that while they supported the idea of continuing two sites in principle, the efficiency of this approach may be questionable. These comments were made with regards to both consultant-led services and neonatal care.

> *"In response to the Option 5 consultation document we would like to make the following points: The Surrey and Sussex Perinatal Network would support the ideal of local special care baby services. However, the survival of two small units as exist at present in East Sussex will become increasingly difficult in the light of changes to medical working hours and training. If the neonatal units at both Eastbourne and Hastings were to be maintained, improvements would need to be made. In particular, following a Network review in 2006 the need for improving numbers of nursing staff has been recognised. It is probably that merging units would help with developing staffing, training and more efficient use of cot capacity."* (Surrey and Sussex Perinatal Network)

Furthermore, organisational stakeholders were concerned about the sustainability of Option 5.

> *"We have given careful consideration to Option 5 (Save the DGH and Hands Off the Conquest Campaign) which on the face of it appears to be attractive. We can understand the desire to maintain the status quo but we are persuaded by the PCT argument that the less than optimum number of births at each location will lead to the dilution of skills and expertise among consultants… Looking forward, we can see this is likely to lead to the weakening of service quality and an increasing number of more complex births taking place outside East Sussex. We accept that this option does not appear to be sustainable in the longer term."* (Hastings Borough Council)

Thus, the general trend among key statutory services was to support some of the options proposed by the PCTs (1-4), but not necessarily to express a strong preference for the location of a consultant-led unit. The overall view of Option 5 was that this may be an ideal, but not one that could be sustained.

Others, including the Local Medical Council, felt that not enough information had been provided upon which to come to an opinion.

> *"The Committee was disappointed to note that the document provided virtually no details as to how safety and quality of service would be achieved. Indeed the summary table detailing pros and cons of options 1-4 makes no mention of either safety or quality of service, listing only reliability and access as being of importance… East Sussex LMC, having carefully considered the proposals, does not feel able to support any of the options outlined in the consultation document, nor does it feel able to support Option 5."* (East Sussex LMC)

Responses from individuals were widely varying in their level of support for different options. Most suggested that they wanted an option that ensured safety for mothers and babies, minimal travel times, choice and high quality service provision. People had different opinions about which option would best deliver these key factors, depending on where they lived. A significant number commented that none of the proposed options met these criteria.

> *"The PCT should go back to the table. Option 5 will not work. Clinicians need to look again and the PCT needs to look again and withdraw the current options and start again."* (feedback at public meeting called by Greg Barker MP, May 2007)

4.2 Perceived strengths & weaknesses

As well as gauging people's relative support for different options, the consultation also explored the perceived strengths and weaknesses of each option.

The bulk of this information relates to Options 1-4. Most of the responses supporting Option 5 were petitions and postcards that did not provide reasons for supporting this option or outline its merits. This makes it difficult to use these submissions to help the PCT Boards weigh up the strengths and weaknesses of different approaches.

Tables listing the perceived advantages and limits of each option are presented overleaf. These tables are based on people's comments at meetings and in all written responses, including petition postcards (if any extra comments were added).

Table 7: Top three perceived strengths and weaknesses of different options

Option	Strengths	Weaknesses
1	Larger population near Eastbourne Staff and infrastructure savings Better safety profile	Long journey for some families Lack of services in one area Safety concerns
2	Provides for deprivation in Hastings Staff and infrastructure savings Eastbourne families can go to Brighton	Long journey for some families Lack of services in one area Safety concerns
3	Larger population near Eastbourne Some service available in both areas Better safety profile	Long journey for some families Safety concerns Deprived population is near Hastings
4	Provides for deprivation in Hastings Some service available in both areas Eastbourne families can go to Brighton	Long journey for some families Safety concerns Lack of consultant-led services in one area
5	Consultant-led services in two areas Wide stated support Reduce travel (convenient and safe)	Not practical Not sustainable Not affordable
6	Shorter transfer times Easier access to midwife-led services Clarity about midwife-led service	Further scoping needed on patient flows and access
7	Shorter transfer times Easier access to midwife-led services Clarity about midwife-led service	Further scoping needed on patient flows and access
10	Increased choice	Staffing and cost implications
11	Increased choice	Staffing and cost implications

Note: Comments are drawn from all responses.
Only options recommended for further consideration are reported here.
Comments reflect the wording used in responses, not an 'objective' list of advantages and limits.

As may be expected, those living in or near the Hastings area were most likely to feel that options which situated a consultant-led service in Hastings had significant strengths. Those living in or near Eastbourne were most likely to feel that options which situated a consultant-led service in Eastbourne had a great number of advantages. What is interesting is that the main perceived advantages of each option were very similar. For instance, 'locating the service in an area with a growing population' was seen as a strength for Options 2 and 4 by those living nearest Hastings and this same strength was cited by those living nearest Eastbourne in support of Options 1 and 3. Men and women and those from different age groups all expressed broadly similar perspectives.

In other words, regardless of which option people supported, the key descriptions of advantages and limitations were largely similar. The main things that people thought were advantageous about different options included:

- locating services in areas where there is a growing population,
- locating services where more people are within travelling distance,
- locating services to promote the highest safety,
- locating services to encourage greater choice,
- better geographical placement (eg for travel to other centres),
- supporting deprived communities,
- having a local place of birth,
- staff and infrastructure savings,
- being near public transport,
- improvements in staff training and retention,
- modern facilities available,
- and the ability to create centres of excellence.

These advantages applied predominantly to Options 1-4. People did not tend to describe perceived advantages with Option 5, but those who did focussed on:

- continuing consultant-led services on two sites,
- improved safety,
- and access to the widest possible population.

The main things that people thought limited different options were very similar, regardless of the particular option being discussed. For example, people might suggest that long journey times were a potential disadvantage with Option 1. They might also suggest that long journey times were a potential disadvantage with Options 2, 3 and 4.

The most commonly mentioned disadvantages were:

- safety concerns,
- long journey times,
- lack of services in one area,
- not catering for deprived populations,
- lack of choice,
- unacceptable to the public,
- lack of capacity / too many births for one centre to too cope with,
- increased travel may have negative environmental impacts,
- increased cost of travel,
- poor public transport and resulting pressure on ambulance service,
- negative impact if staff have to move location or travel to work,
- poor facilities available at specific sites,
- the potential for increased stress during labour if travel is needed.

Those commenting on Option 5 did not tend to describe disadvantages in any detail, but those that were mentioned included:

- potential increased cost,
- practicality concerns,
- difficulty recruiting and retaining staff.

To further illustrate the types of comments people made about different options, Box 2 provides a descriptive overview of one of the focus groups set up by the PCTs and run by an independent facilitator.

Box 2: Brief summary of focus group held in Uckfield, July 2007

Background
Eight people attended a focus group organised by the PCT on Saturday 14 July at 9am at Uckfield Civic Centre. Attendees included medical staff as well as members of the public. No information was provided about how participants were recruited. The facilitator reported that 7 of the 8 participants were active supporters of Option 5 and indicated that they had been briefed on the issues by campaign groups.

Options
All participants felt that Options 1-4 would be unsafe and supported consultant-led units at two hospitals.

> *"The main problem is travel... It is not easy to travel between hospitals now and if there is a problem care is needed immediately - not in half an hour's time"*

Many participants were not willing to discuss Options 1-4. Some participants said they were uncomfortable even considering Options 1-4 because the safety implications were too great.

> *"I don't feel happy answering this question. It's like saying a baby in one town is more important than one in another"*

Others believed that Options 1-4 were all about 'closing services' or 'taking things away.'

> *"When units are closed it's because they are full so there is obviously a demand there. So why try to take it away?"*

Others suggested that it would make more sense to locate a unit equidistant between Eastbourne and Hastings.

> *"It would make more sense, geographically to have the main hospital more in the middle of the area to cut down on journey times"*

Making decisions
According to participants, the most important factors to bear in mind when considering different options were travel and safety.

> *"My son was five weeks premature and would have died if I had had to go to Hastings to have an emergency caesarean rather than Eastbourne where I live … If the care isn't where you need it when you need it there is no point. If the centre of excellence is too far away it isn't going to be any good to someone who went through what I did."*

Participants felt that:

- If there was just one consultant-led site, whether in Eastbourne or Hastings, travel would take longer than suggested by the PCTs.
- There would be substantial safety risks in having just one consultant-led site.
- More consultants and midwives would be needed to cover outpatient services and home births.
- Reconfigurations in other areas would have a major impact on East Sussex.

5. Making decisions

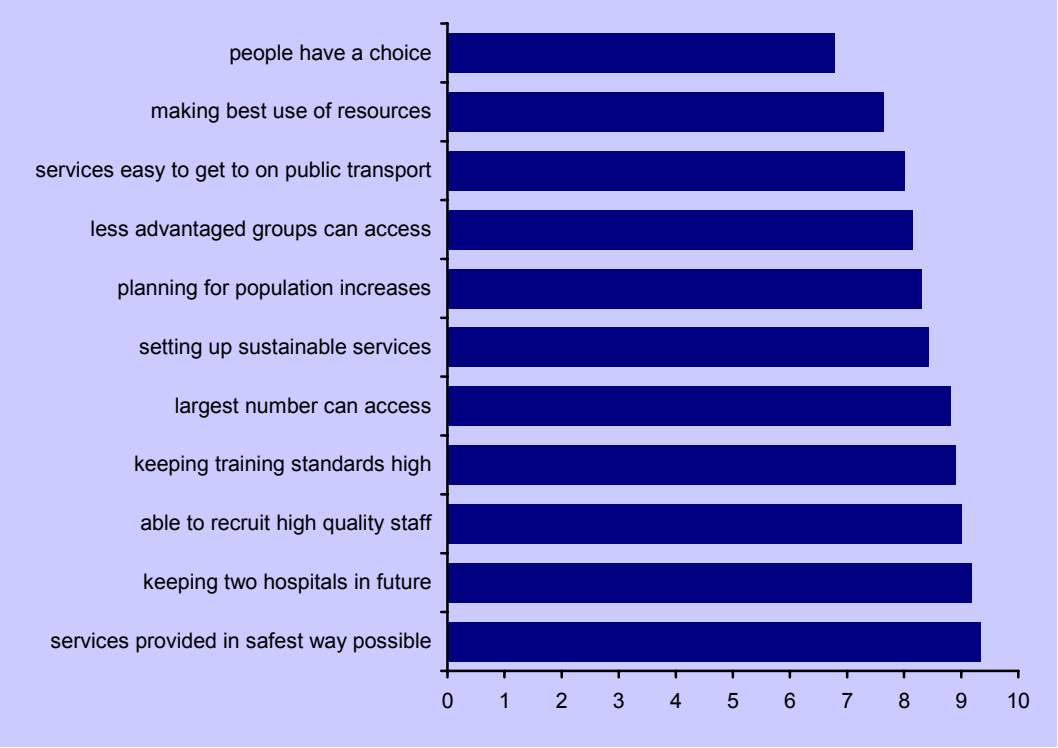
5.1 Priorities

The consultation document asked people to describe which factors the PCT Boards should consider or prioritise when making decisions. 226 people described their own priorities (see Figure 4). Among these people, the most important factors for the Board to consider were:

- making sure services are provided in the safest way possible,
- making sure it is viable to keep two hospitals,
- and being able to recruit enough high quality staff.

Although they were still seen as important factors, the relatively lowest priorities were ensuring that people have a choice in the location and type of services available and making the best use of resources.

Figure 4: Average importance of criteria on a scale of 1-10



Note: The figure above is based on 226 responses. People used a rating scale to differentiate their priorities, where 1 = not important and 10 = most important.

It is interesting that choice was ranked as a relatively low priority because at meetings and in qualitative written feedback, there were numerous comments about the importance of ensuring choice.

> *"We need to be facilitating choice for mothers. This cannot be done if there is only one obstetrics unit. The perception is that home births are not safe if happening 40-50 minutes away from a consultant unit… Do we know what choices people actually want? What happens if 80% of women still want to give birth in a hospital with a consultant presence? Would one unit have the capacity for that? In that case, would a midwife-led unit be viable?"* (Health Visitor Professional Forum, May 2007)

While people said they welcomed the development of midwife-led units, they thought that these should be an additional choice rather than a substitute for consultant-led care.

> *"A midwife-led unit should be an additional option, not a replacement for full obstetric services, especially in a rural area. These options reduce choice, not increase it. Women should be given the option of a hospital birth. No matter how good the antenatal care, a lot of women are nervous of childbirth. These women benefit from the reassurance that being in hospital can provide, that if anything goes wrong, help is on hand immediately. If women are reassured, they are more relaxed. If more relaxed, then labour is more likely to progress smoothly. For some women this will only happen in a hospital setting."* (National Childbirth Trust, Uckfield, Heathfield and District Branch)

These comments about choice were usually made by individuals, clinicians, or voluntary sector organisations. Statutory services were much less likely to mention choice as an important factor to consider.

> *"If the place of birth is the mother's choice, in my opinion, and so long as there is no unforeseen emergency, the journey is not so important. Women who choose to give birth in the Crowborough Birthing Centre may travel from Eastbourne or Hastings, no shorter a distance than that between the two consultant-led units. The issue is that it is their choice, not an enforced choice, which would create fear and thus have a negative impact on the birthing process."* (midwife)

There were some differences in priorities among those living in varying areas and people from different age groups (see Table 8).

Table 8: Top 3 priorities in decision-making for different demographic groups

	Top three ranked priorities
Women	**Quality**: safety, recruiting quality staff and high training standards
Men	**Quality**: safety, recruiting quality staff and high training standards
Eastbourne	**Quality**: safety, recruiting quality staff and maintaining hospitals
Hastings	**Quality**: safety, recruiting quality staff and maintaining hospitals
Lewes	**Planning**: maintaining two hospitals, sustainability and training
Rother	**Access**: access for large numbers, deprived areas, keeping two hospitals
Wealden	**Planning**: population increases, safety, and two hospitals
Other	**Access**: access for large numbers, public transport, keeping two hospitals
Under 44 years	**Planning**: population increases, sustainability, and two hospitals
45-64 years	**Quality**: safety, recruiting quality staff and maintaining two hospitals
65+ years	**Quality**: safety, recruiting quality staff and maintaining two hospitals

In addition to asking people to rate the importance of pre-selected criteria that the Boards may use in decision-making, the consultation documentation also invited people to suggest other factors. The top five additional things that people wanted the Board to consider when making decisions were:

- the outcome of other consultations and changes in neighbouring areas,
- the impact of increased travel times, including safety concerns, effects on the ambulance services, and convenience for local families,
- public feedback about preferred locations,
- the impact on staff, including morale, travel times, and capacity,
- and long-term impacts on other services and businesses.

Many people firmly believed that local opinion should be a driving factor in decision-making, though as described above, opinion has been divided.

> *"The two campaign groups in Hastings and Rother and Eastbourne and District … obtained almost 80,000 signatures on a petition against any downgrading of services. There were 12,000 people who marched in the two towns against any downgrading.* [IMPORTANT NOTE: signatures and marches were primarily against the potential closure of A&E services; not specifically related to maternity services]. *There was a 12 hour vigil outside the hospitals at Christmas and there was a Mother's Day Rally where more than 40 mothers and fathers came on to the Podium to tell their stories as to why either they or their babies would not have survived but for the consultant-led unit and the SCBU in their town. During the 18 months I have spoken to thousands of local people who are totally opposed to any option that takes away consultant-led unit from either Hastings or Eastbourne."* (Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group)

A very strong message was that the PCTs should be taking an integrated approach and considering planned changes in neighbouring areas when making decisions.

> *"It is impossible to imagine a decision being made without having the consultation results from the two adjoining counties of Kent and West Sussex."* (Uckfield Town Council)

People felt that PCTs in East Sussex might be making assumptions about the capacity of hospitals in other areas which might be subject to change.

> *"The assumption in the East Sussex consultation that women who use Princess Royal Hospital and Royal Sussex County Hospital will continue to be able to do so is false. It is extremely unlikely that East Sussex women will be able to choose to use the Princess Royal Hospital in the long term, and the fact that this is not referenced in the consultation document is unsatisfactory."* (Mid Sussex District Council)

> *"We are concerned that the consultation appears to be being taken in isolation. Brighton is the nearest major unit to the West and is reportedly unable to accept cases on a significant number of days during the year… We are also aware that there is to be a new PFI Hospital at Pembury. It seems likely that this development will have an impact on referral patterns, particularly in the north-eastern parts of the catchment area."* (Trustees of the Friends of the Eastbourne Hospitals, representing some 3,500 members)

These concerns were raised by members of the public, by GPs, consultants, midwives and other health professionals and by key organisational stakeholders such as Councils and neighbouring PCTs.

> *"Brighton and Hove would also like to seek reassurance from the PCTs in East Sussex that the decision making process will include consideration of the current joint West Sussex and Brighton and Hove consultation. Maternity services currently provided at the Princess Royal Hospital for the East Sussex population may be affected by these proposals."* (Brighton and Hove City Teaching PCT)

This was a particular concern for people living in areas that routinely access Princess Royal Hospital in Haywards Heath.

> *"Of major concern to us is the fact that both of our main obstetric units are under threat of closure. Eastbourne District General Hospital is within your remit, but we in this are cannot ignore the very real shadow that hangs over the Princess Royal Hospital. This is a vital issue for us. It concerns local women that we could be on the verge of losing out both ways. We would be in a situation where full services are transferred from Eastbourne to Hastings, and from Haywards Heath to Brighton. We would, quite literally, fall through a geographical gap in the middle."* (National Childbirth Trust, Uckfield, Heathfield and District Branch)

Others suggested that the PCTs should consider other evidence and guidelines that will soon become available. There was a perception that the PCTs might be 'rushing through' decisions rather than waiting for new guidelines or to hear the results of deliberations in other areas.

> *"There are four more papers expected from the Royal College this year – how will this affect numbers etc (recommended number of births at units). Shouldn't the PCT wait to see what they say?"* (public meeting in Crowborough, May 2007)

5.2 Key concerns

In commenting about specific options and in discussing important factors for the Boards to consider, people expressed a range of concerns about the potential impact of change. These concerns spanned all of the different options and comprise some of the key messages to come out of the consultation because they were emphasised by both institutional stakeholders and individuals, by people living in all different areas, and at meetings as well as in written submissions.

Concerns about the potential impact of decisions fell into five key areas:

- Access
- Safety
- Capacity
- Quality
- Broader impacts

Access

If there is one consultant-led unit rather than two, a greater number of women may need to travel longer distances to access a consultant-led service. People felt that the PCTs should seriously consider travel issues when locating birth services, both because of the impact this could have on access to the services but also due to the potential follow on effects on maternal and infant wellbeing.

Transport

There were a great deal of comments about the poor road infrastructure and the delay this may cause to women travelling privately or by ambulance to reach units located outside their local communities.

> *"The new link road is not the answer, there will still be bottle-necks, for example when the road goes back to a single carriageway in Bexhill. I don't see how Ambulances will get through. The A27 is a terrible road and is closed every few weeks."* (Conservative Party meeting, May 2007)

As well as accounting for the time women may need to spend travelling by car, taxi or ambulance between their home or a midwife-led unit and a consultant-led unit, people suggested that travel time estimates should also account for the time it may take for an ambulance to reach a woman in need of emergency transfer.

> *"I understand figures for travelling to these places of excellence but what you don't take into account is the time an ambulance takes to get to the patient first. There is no ambulance sited in Uckfield. That is going to add to the time taken to the emergency hospital."* (public meeting in Uckfield, May 2007)

Some suggested that the PCTs would need to work in partnership with others to improve the transport infrastructure.

> *"There are big concerns about how people will get to the units. Discussions about transport need to include private companies, the County Council and community transport schemes. In some parts of the county there is no public transport access (particularly in rural Rother) and many people don't have access to a private vehicle."* (meeting with East Sussex Rural Partnership, May 2007)

The majority of people believed that increased travel times would be unreasonable and should encourage the PCTs to reconsider having only one consultant-led unit. However, others suggested that even with two consultant-led sites there were access issues for people in rural areas. People suggested that these access issues would worsen if there were fewer consultant-led units.

> *"Transport is a massive issue. With the current service in place, clients still have access problems reaching the Conquest. East Sussex County Council has done a transport review in Rother which demonstrates very poor public transport provision, particularly in areas like Camber."* (Health Visitor Professional Forum, May 2007)

Deprivation

In fact, the impact of travel times and cost on people living in rural and deprived areas was a source of major concern for people who took part in the consultation.

> *"It is deprived pregnant women and children who experience bad outcomes. Where do the majority of deprived people live?"* (member of the public)

In particular, some people believed that Hastings and the surrounding area was particularly deprived and that locating a consultant-led unit solely in Eastbourne would be detrimental to those living nearer the Hastings area.

> *"The geographical differences are great and Hastings contains very many families for whom the prospect of attendance at hospital in Eastbourne is not possible without relying on ambulances. The standards set by Royal Colleges should not take precedence over the needs of an entire and growing population."* (member of the public)

Some members of the public and professionals highlighted that less advantaged families may struggle to cope with additional travel costs.

> *"In terms of deprivation, these proposals have huge implications for clients, especially in Hastings and St Leonards. Particularly concerned about access to the Special Care Baby Unit. If parents don't have money they don't / can't visit so often."* (Health Visitor Professional Forum, May 2007)

Others felt that deprivation should be examined on a broader level, and highlighted that the proposed changes may have negative impacts for rural areas throughout East Sussex.

> *"Concern expressed about how and the extent to which rural communities are being thought about within plans for the future delivery of health services. The consultation doesn't show an understanding of rural communities. It feels as if the focus is on users of the two hospitals in East Sussex and the urban areas around them. The planning seems to be thinking about service users rather than the citizens in the two PCT areas. Citizens use other services outside the two hospitals."* (meeting with East Sussex Rural Partnership, May 2007)

Interestingly, individuals were much more likely than organisational stakeholders to raise deprivation levels as a concern.

Staff travel

As well as suggesting that the PCT Boards should examine the implications of the proposals on access for local families, a smaller number of people emphasised the potential impacts of increased travel on staff.

> *"As a midwife with family commitments I do not relish the prospect of an average 1.5 hour travelling time added to a 12+ hour tour of duty, nor would I wish to work more shorter shifts with fewer rest days."* (midwife)

This was an issue raised by members of the public and voluntary groups as well as midwives and consultants themselves. Statutory services did not tend to identify the impact on consultants, midwives or other staff as a priority.

> *"Will the midwives currently working at Eastbourne have to travel to work at Hastings (or vice versa) under these proposals and, if so, have the PCTs taken into that many midwives may retire or leave as it is too far too travel for work if they have family commitments at home?"* (meeting with National Childbirth Trust, Eastbourne Branch, July 2007)

Safety

Another repeated theme was the potential impact of changes on the safety and wellbeing of women and babies.

> *"You are talking about the most important and crucial thing any woman does in her life – giving birth to her children. With my second child, from waters breaking at home to delivery too me just one hour. Luckily I lived five minutes from Crowborough Hospital. I can't be unique in my speed of delivery. Even if one child or mother dies because they cannot get to hospital and help in time because they are 20 miles from their nearest hospital, the decision to close the units at one of these hospitals would be disastrous. You are talking about people's lives here and not sustainability / finance etc."* (email from member of the public)

People described their own experiences with heartfelt detail.

> *"I feel very strongly on this issue as it has affected me personally. At 28 weeks into her pregnancy my daughter became dangerously ill. For four hours the Conquest Hospital rang an ever-widening circle to find a hospital with an intensive cot. N this time I watched my daughter deteriorate. Finally she was rushed 60 miles away to St Peter's Hospital, Chertsey. On the way, she suffered a collapse and we nearly lost them both. Our story has a happy ending, and we have a wonderful healthy grandson. Others are not so lucky…At the end of the day we are people, families, not statistics. Please don't let mothers and babies die."* (letter from member of the public)

They argued that birth services should be about more than money and statistics, and that the PCT Boards should consider people and families rather than numbers when making decisions.

> *"Speaking personally, I wonder how the outcomes of both my children's births would have changed had the proposed changes been in place when they were born. During the first labour I became very tired and was close to needing an emergency caesarean before achieving a natural birth. The thought of being transferred at that point in labour is greatly distressing… I understand that decisions are to be made based on making the provision available to the most people but I do not much fancy being a statistic if I was one of the unlucky few who did not access specialist care in time."* (response form from member of the public)

Others questioned the safety of midwife-led units, and suggested that that PCTs need to remember that these units are suitable only for a narrowly defined group of women.

> *"Crowborough is used as an example when looking at safety. This is not accurate. Only highly selected women have their babies at Crowborough. How many single mums on benefit go to Crowborough?"* (meeting with staff at Eastbourne Hospital)

Concerns about the safety of having fewer consultant-led units servicing East Sussex were shared by organisational stakeholders and individuals, by people living in different geographical areas, by men and women, and by those of varying age groups.

Impact on Ambulance Service

Both individuals and organisational stakeholders felt that the capacity and competency of the Ambulance Service would be a critical success factor in any future developments.

> *"Ambulance Service have a real nervousness about difficult maternity cases. They are not well trained with dealing with maternity emergencies. It would also take them away from their priority: the crucial work of dealing with heart attacks and strokes." (public meeting in Hailsham)*

People wanted to know whether the implications for the Ambulance Service has been fully considered and whether the Ambulance Service had been involved in discussions and ongoing decision-making.

> *"Have paramedics been involved in the discussions and will there be a big increase in ambulance (and other journeys) if one unit closes? This will cost more in travel and is not good for families or the environment." (meeting with National Childbirth Trust, Eastbourne Branch, July 2007)*

South East Coast Ambulance Service stated that it supports the general direction of travel outlined in the consultation document and understands that changes are required in order to improve midwifery services and consolidate obstetric, special baby care and gynaecology services. However the Ambulance Service stated that it could only support proposals to house obstetric services on a single site if:

- there is at least 18 months to plan and introduce additional resources to support increased travel time, including recruiting and training additional staff and purchasing vehicles,
- existing paramedics are provided with additional education and upskilling to work with gynaecological and neonatal emergencies,
- additional resources are provided to the Ambulance Service by the PCTs and Hospital Trusts for patient transport services to manage any additional routine movement of patients that may result from service changes.

> *"It is clear that unless sufficient time and resources are provided to plan for these changes, the ambulance service will not be able to plan the successful implementation of the additional capacity required, and consequently continued safe clinical services would be at risk."* (South East Coast Ambulance Service)

Capacity

Capacity in other areas

Another key theme involved capacity issues. Organisational stakeholders and individuals both raised questions about whether hospitals in other locations would have the capacity to cope with additional births that may be redirected from East Sussex.

A number of people suggested that birth services at the Royal Sussex County Hospital in Brighton were often closed due to insufficient capacity, resulting in women being turned away in labour. There were concerns that more women may seek to give birth in Brighton if only one consultant-led service was available in East Sussex and that Brighton would not have the capacity to cope with this. This was a particular concern given Brighton's role as a tertiary care centre, supporting women at particularly high risk or babies that need intensive levels of care.

These concerns were shared by people considering Option 5 as well as the four options put forward by the PCTs because Option 5 also relies on Brighton as a centre for tertiary care.

However, Brighton and Hove PCT reported that the Royal Sussex County Hospital would likely have enough capacity to safely handle any additional women and babies from East Sussex.

> *"Brighton and Hove City PCT and Brighton and Sussex University Hospitals Trust have confirmed … that the Royal Sussex County Hospital can accommodate any potential flows from East Sussex relating to paediatrics and maternity."* (Brighton and Hove City Teaching PCT)

Some people questioned this assertion and suggested that the Royal Sussex County Hospital does not currently have capacity, let alone being able to cope with potential changes in services in East Sussex and West Sussex.

Internal capacity

People also wondered whether East Sussex had enough capacity internally to support proposed changes in the delivery of care. There were comments about the need for investment in additional staff and training.

The Maternity Services Liaison Committee argued that workforce planning had not formed a significant component of the proposals.

> *"Capacity is the most serious issue facing maternity services in East Sussex, and yet the consultation totally fails to address this issue. For any single site option significant building work at significant cost taking a significant time, will be required to provide sufficient bed capacity and an improvement in midwifery staffing will be required to avoid closures."* (East Sussex Tri-Forum Maternity Services Liaison Committee)

Both midwives and other health professionals commented that there were currently not enough staff to provide the highest quality care, and that proposals for future development should seek to redress this.

> *"As a midwife I want to provide high quality mother and baby-centred maternity care. I feel fulfilled when I reflect on a good day, which for me means I have been involved in positively influencing a woman's experience of pregnancy, birth or early parenting…I feel frustrated when I am unable to provide the care that pregnant, labouring and postnatal women and their babies deserve, when I have done the best I can when staffing levels are inadequate, but I'm left with the sense that this was not enough." (midwife)*

> *"Currently staff are spread too thinly. On average there are four midwives covering a shift with one doctor. At night if there is a caesarean required that takes three midwives off the labour ward and into theatre and staff from the postnatal ward come across to the labour ward. This is not as safe as it used to be." (meeting with consultants and GPs, May 2007)*

While some felt that the PCTs' proposals could encourage straightforward birth and midwife-led care, there was a belief that additional midwives would be needed to cope with the potential increased demand for home births and midwife-led care.

> *"Of particular relevance to general practitioners is the failure of the consultation document to address the possibility of an increase in home births as a potential consequence of maternity service reconfiguration. Any increase in home births would need to be serviced by an expansion not only of the community midwives service but also the necessary support services."*

Professionals said that the PCTs were putting forward Crowborough Birthing Centre as a model of good practice, and that this model had considerable staffing implications.

> *"Mothers will want consistency; having the same midwife throughout the process. To do this money needs to be invested in midwifery (training and retraining staff). This happens at Crowborough because they have good staffing levels. You don't get one to one maternity care at either East Sussex Hospitals Trust Site." (Health Visitor Professional Forum, May 2007)*

Professionals also encouraged the PCTs to begin planning and training staff now. They said that it was important to allow adequate lead-in time for training staff before implementing service delivery changes.

> *"If this is a genuine attempt to improve services then the PCT needs to be prepared to invest more money. There is concern that the infrastructure is not in place to deliver the proposals or promote choice. We need to be training midwives now if we are going to deliver one to one care and early assessment."* (Health Visitor Professional Forum, May 2007)

Quality

Linked to comments about the capacity of the PCTs and hospital trusts to deliver birth services, there were concerns about whether the proposed changes would reduce the overall quality of care. Most of these concerns related to access and safety, but some also focussed on the experience of care.

> *"The uncertainty for women around the country where so many maternity units are under threat is a considerable stress and this issue could have a significant impact on the emotional wellbeing of these parents and subsequently their children."* (midwife)

Some believed that a single consultant-led unit model would increase journey times for most women, increase the need for ambulance transfers, and result in negative emotional impacts for women during birth.

> *"An ambulance journey in established labour is very frightening. Mothers should have a positive experience of birth, especially as this reduces the likelihood of post-natal depression. The proposals are therefore short-sighted in focusing just on the labour and not other contributing factors."* (meeting with National Childbirth Trust, Eastbourne Branch, July 2007)

Others felt that the PCT Boards should consider whether or not to promote a medicalised model of care. It was suggested that the more consultant-led units available, the more interventions during birth there might be.

> *"Moving to a more consultant-led service could increase the number of caesareans and forceps births that are performed if more women are treated by consultants... We need to look at the long-term objective of promoting more home births. There is evidence to demonstrate that midwife-led care leads to better outcomes for mother and baby."* (Health Visitor Professional Forum, May 2007)

Wider impacts

A final key factor that people wanted the PCT Boards to consider in decision-making was the wider impact on other services and the local economy.

> *"Many local organisations, employers and others are concerned about the long-term effects if core services at the DGH are removed on employment, tourism, the local economy and the safety surrounding major events such as the Ladies Tennis and Airbourne."* (Nigel Waterson, MP for Eastbourne, Willingdon and East Dean)

Both individuals and selected councils and other organisational stakeholders suggested that perceived 'downgrading' of birth services might be the start of a broader change programme. In short, people said that if consultant-led birth services were no longer available at one hospital site, other services might also be likely to be withdrawn from that site.

> *"Concerned that whilst there is a focus on maternity services, other services will be slipping away. ENT has already moved to Eastbourne. When is there going to be a consultation on all the services under Fit for the Future?"* (public meeting in Bexhill, May 2007)

There were concerns about the impact of this broader 'downgrading' on local communities and businesses, particularly from councils, MPs and political parties.

> *"Because we lack confidence in the PCT assertion that the long-term future of DGH is assured and that the current proposals to reconfigure maternity are based solely on the desire for clinical improvement, we are concerned about what future possible cuts would mean economically to Eastbourne. We have good reason to be sceptical: in 2004 the Clinical Services Review concluded that East Sussex should retain two all-risk consultant-led units. It is clear that this conclusion is now worthless only four years after it was agreed. It is equally clear that the economic implications of DGH being further downgraded would be potentially highly damaging to the future prosperity of Eastbourne."* (Eastbourne and Willingdon Liberal Democrats)

6. Consultation process

People also provided feedback about the consultation process itself. While some people said they welcomed the opportunity to provide feedback and share their views, both statutory groups and local individuals were often critical of the consultation process. This section briefly describes the comments people made about the positive areas of the consultation and areas for development. It is important to note that this does not constitute an analysis or critique of the consultation process, but rather a summary of people's reported perceptions of the scope, process, and materials.

6.1 Scope

Both organisational stakeholders and individuals were concerned about what they perceived as the limited scope of the consultation. A number of people said that they would have valued the opportunity to comment on some of the other aspects of Fit for the Future, in addition to birth services. There was confusion about why broader issues were summarised in the consultation document when people were not asked for their views about these wider issues.

> *"The views sought are restricted to women's services and special baby care, subjects that were not even mentioned in the 2006 document. It seems a missed opportunity to deny comments on the early parts of the document, particularly as some of the statements made are contentious, and many of the issues are much more important than the proposed changes to women's services and special baby care."* (letter from member of the public)

Others suggested that the limited scope of the consultation may impact on the PCTs' ability to make holistic decisions. A number of councils suggested that the PCTs should be considering the inter-relationships between health and social care, and the changes in broader primary care and social care services that may be needed to support the proposed changes in birth services.

> *"The consultation document is very limited in dealing with a small number if changes to obstetrics, maternity and gynaecological services. As its scope is so limited, it fails to address the need for changes in primary and community care (including social services), which will be needed to support any reconfiguration in services."* (Lewes District Council)

Others, both individuals and organisations, felt that the scope of the consultation was limited because it focussed only on East Sussex without taking into account the changes planned in neighbouring areas.

> *"The Council further contends that the consultation process was deeply flawed. Residents should have been offered a coterminous or 'joined up' opportunity to comment on the future options affecting the delivery of their health services in both East and West Sussex, simultaneously."* (Lewes District Council)

6.2 Process

Inclusiveness

A number of organisational stakeholders, particularly District Councils, congratulated the PCTs on providing a wide range of opportunities for people to get involved with the consultation.

> *"Rother would like to congratulate the PCTs on a well-conducted, inclusive and open consultation process. We look forward to a constructive outcome, based on consensus where this can be achieved."* (Rother District Council)

> *"The consultation arrangements were comprehensive with a good range of opportunities for anyone who wanted to learn about the changes and / or respond, to be able to."* (Wealden District Council)

Groups that the PCTs met with also voiced positive feedback about the inclusive and informative process used.

> *"(Hastings Young Persons Council) … wanted to thank you for 'not talking down to them' and for being straight-forward and honest. They all appreciated the fact that you did not pretend to have all the answers but responded to their questions with great respect and clarity."* (Hastings Young Persons Council)

The independent chair of the New Options Assessment Panel commented that the consultation encouraged public debate and new ideas.

> *"This public consultation has been one in which a number of new ideas have arisen. The PCTs are to be commended for conducting a consultation that enabled fulsome debate and the generation of new ideas and the local community is to be commended for responding so positively to the consultation process and for developing a number of innovative and purposeful alternative proposals."* (Professor Stephen Field, Independent Chair of the East Sussex consultation New Options Assessment Panel)

However, other groups were less impressed with the processes used by the PCTs and felt that consultation guidelines had not been adhered to.

> *"The PCT is required to consult with the MSLC in developing a 'Strategic Needs Assessment' for maternity services which would underpin any proposals for change. The PCT failed to consult with the MSLC in developing this assessment. The initial meeting with the MSLC in February 2007 was in the context of proposals already decided in outline, and the recommendations on consultation that the MSLC then swiftly prepared … were ignored."* (East Sussex Tri-Forum Maternity Services Liaison Committee)

Substantive issues

Some people felt strongly that the PCTs had not followed an appropriate process in implementing the consultation and in assessing options. For example, it was suggested that the consultation process should have been postponed or extended when substantial new options were put forward. This would have allowed full appraisal of new options by the PCTs and others, so that further information could have been presented to the public.

> *"I believe that the consultation process should have been stopped when further options were emerging and that all options should have been put before the public in a coherent way. At the very least the consultation period should have allowed time to explore all alternatives and I do not believe this is the case. Despite receiving the formal consultation document, attending meetings and accessing further information online I feel I cannot be sure I have been able to make a fully informed choice."* (member of the public)

People felt strongly that an option which included consultant-led units at both hospital sites should have been included in the official consultation material.

> *"It would appear that many decisions have already been taken, and most members of the public are convinced that it is a sham. The exclusion of an option for debate on maintaining consultant led services at both the Conquest and Eastbourne is very dubious."* (member of the public)

Some people provided very thoughtful comments about the consultation process as a whole, including the way that the consultation may have been positioned as a 'vote' or referendum rather than an attempt to engage the public in considering the critical success factors, decision-making process, and ways that they could be involved in the ongoing development of services.

> *"The consultation process has hobbled public co-operation and contribution. It has failed to put across that a consultation isn't a referendum or the opportunity to face down decision-makers by force of publicity. It failed to grasp that there are differences between the elements, sequencing and progression in transparent public engagement in which 'public consultation' is only one intermediate step."* (Eastbourne Forum for Older People)

There were also practical issues raised. The Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group suggested that the PCTs had not followed the Code of Practice for consultations. The Code of Practice states that consultation should be a continuous process and should be started early. The campaign groups argue that the consultation was not continuous because it was halted for one month due to local elections.

Furthermore, the Code of Practice states that consultation documentation should clearly state the deadline for responses, alternative ways of contributing to the consultation, who to respond to and the full contact details of someone to direct queries to. The campaign groups suggested that these guidelines were not followed because no contact details of someone to answer queries were provided and because the date of the consultation was extended, the final submission date printed in documentation was incorrect.

Others pointed out a range of process issues surrounding the consultation timeframe.

> *"The website is an utter disgrace. The consultation documents weren't on there until 4 April. In the Frequently Asked Questions section you can't get more than 40 characters into the question, then you submit it and it only says 'thank you.' The emails aren't working. On 9 February [Chief Executive] said that the documents would be ready for the launch, but at the first two public meetings only the summary version was available. The documents only arrived at the hospital three weeks later and were even later still in libraries."* (public meeting in Rye, May 2007)

Influence

There were concerns about whether the consultation process was meaningful, or whether the PCTs had made decisions in advance of public consultation. These concerns were expressed both by individuals and by key stakeholders such as the Local Medical Council, representing GPs.

> *"As with many other groups the LMC has concerns about the genuineness of the consultation process. There has been a strong feeling for some time that decisions have already been made and that this consultation is simply paying lip service to the process."* (East Sussex LMC)

Repeatedly, people raised questions about exactly how consultation feedback would be considered by the PCTs. In future consultations, it may be possible to provide more explicit details about how feedback will be considered and incorporated into decision-making.

> *"How will the public's view be taken into account by the PCT Boards. How can the public be confident that what they say will be heard?"* (public meeting called by Greg Barker MP, May 2007)

> *"Concern was expressed that people have no voice and that whilst views are being sought, there is a lack of confidence in how much weight people's views would carry."* (meeting with National Childbirth Trust, Eastbourne Branch, July 2007)

Overall, there were more negative than positive comments about the consultation process. This may be because people who felt there were problems were more likely to express them compared to those who felt that the process was run well. This possibility is supported by the fact that people did make positive comments about the inclusiveness of the consultation and some of the specific methods used, even though they generally did not comment positively about the process as a whole.

It is important to reinforce that the role of this trend summary is to summarise common messages received in consultation responses, not to judge their accuracy or merit. Both positive and critical feedback is reported so that it can be considered fully by the PCT teams. Reports of errors or omissions are people's perceptions only, rather than an objective independent appraisal of the merits and limits of the consultation process. In order to learn lessons from this consultation, the PCTs have organised a fuller analysis of the consultation process based on a wider range of data.

6.3 Tools

People provided feedback about the methods or tools that the PCTs used to deliver consultation information.

Documents

There were few positive comments about the consultation documents. This does not necessarily mean that there were not positive feelings about the documents, but these were less likely to be reported than negative feedback.

A number of members of the public said that the consultation documentation read like advertising or promotional material rather than a balanced summary of evidence and perspectives. Some commented that the consultation document lacked clarity.

> *"What comes across is there are various muddled documents and are not clear and concise with regards to what judgements are being made… In main PCT consultation document … it is not clear what the proposals are." (public meeting in Hailsham, May 2007)*

Interestingly, individuals were much more likely than organisational stakeholders to comment on the consultation documents. Further comments about the detail and accuracy of the information in consultation documents are presented overleaf.

Website

As with printed consultation material, some people felt that the consultation website was promotional rather than providing balanced information.

> *"The Fit for the Future website has remained throughout a public relations-cum-sales pitch rather than an objective informational resource to assist the public to contribute to the PCTs deliberations."* (Eastbourne Forum for Older People)

Some people felt that there was too much reliance on the website and that this may disadvantage those without ready internet access. Others pointed out that there had been a range of operational problems which may have affected the value of the website.

> *"(The consultation website) has also been a sham. It was, in the beginning run by a London firm. The information provided by the PCT was taking over a week to be put up on the website. Finally this was taken over by the PCT themselves, however their voting was suspect. The voter was never locked out and therefore could sit in front of the computer and the same person was able to vote again and again and again. If you asked a question you were thanked but the question was not answered. It was very difficult to follow the links and it took at least half of the consultation process before there was any improvement."* (Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group)

Others suggested that more effort could have been put into making it easier to navigate the website or to link content between the website and consultation documents.

> *"I accept that it is important to produce a document appropriate to its readers. You are to be praised for providing additional information on the website, but I have found it fairly difficult to find what I was looking for. Perhaps where the consultation document makes an important point, a reference could have been made to the appropriate document on the website. Those readers who wish can then look at the evidence on which the point depends."* (member of the public)

It should be noted that comments about potential improvements to the consultation website came from supporters of all of the different options, rather than solely campaign groups or those who took issue with the PCTs' vision for the future.

Meetings

There were few positive comments made about public meetings.

Some commented that the initial meetings held in Hastings and Eastbourne did not seem well prepared and that people attending had not had an opportunity to consider the issues beforehand.

> *"The first three public meetings were rushed. The public had no access to any documentation, only at the meeting. How can this be effective consultation, when the public were unaware of what the documents contained and therefore could not ask relevant questions."* (Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group)

Others suggested that the structure used in pre-consultation meetings, public meetings, and other meetings was not helpful, either because people did not have enough opportunity to ask questions, because breakout sessions were not perceived as useful, or because meetings were 'taken over' by people with a particular perspective rather than allowing open discussion and debate.

> *"Public meetings have moved from 'stakeholders meetings' … to 'pre-consultation' meetings – at first advertised as consultation. There were useless, time-wasting 'workshop sessions' while questions and comments from the floor were curtailed to leave time for them, with no opportunity for preparation by participants nor by their chairs (the group spent time choosing them) and rapporteurs, and with no significant follow-up work involving those who had taken part. The consultation meetings proper in different venues in the County have naturally enough attracted a travelling band of campaigning opponents to each in a series of unfocussed hustlings, little comprehending the difference between a consultation and a referendum."* (Eastbourne Forum for Older People)

There appears to be some confusion between public meetings, pre-consultation meetings and other meetings as the PCTs' note that none of the formal public consultation meetings had any breakout sessions or workshop sessions.

A number of individuals suggested that the panel of representatives at public meetings failed to answer questions fully, made inappropriate comments, or did not appear to know how to address the issues raised.

> *"I was stunned when I went to the public meeting by the inability of the panel to answer the questions put by the floor. The panel didn't appear to believe Options 1-4 were in the best interests of the population either"* (member of the public)

Some who attended public meetings felt that they would not have an impact on decisions and that meetings were being held simply to 'tick boxes' as a required part of the consultation process.

> *"The impression of this meeting is we are going through the motions."* (public meeting in Uckfield, May 2007)

Others suggested that the public meetings tended to be 'arguments' between campaign groups and PCT representatives, rather than allowing members of the public and other stakeholders to explore the issues in depth. Meetings were thought to degenerate into 'them and us' debates or to be used as a sounding board for a particular perspective.

> *"I regret that the public meetings that I attended were taken over as rallies by the campaigners. The atmosphere at those meetings was far from conducive to the rational discussion of the issues involved which should have characterised consultation. The assertion that nothing other than Option 5 would do prevented any presentation, let alone consideration, of any other options… It would be easy to give the campaigners everything that they desire; but it would not be justice for those many categories of patients whose services – either actual or potential – would be rendered even more inadequate to meet costs over and above those required to meet safety and quality standards."* (letter from member of the public)

Some groups suggested that the feelings expressed at public meetings were not representative of the wider East Sussex population and that in effect the meetings had been 'taken over' by groups campaigning for particular options.

> *"The East Sussex Downs and Weald Patient and Public Involvement Forum, whilst acknowledging the comments of the majority of the public present at strategic consultation meetings of their preference for Option 5, do not feel that this was necessarily representative of patients and public in all areas."* (Patient and Public Involvement Group)

6.4 Information

People provided a great deal of feedback about the information distributed during the consultation in terms of both the level of detail and accuracy.

Detailed information

It was suggested that there had been more information available about some options than others. Interestingly, some felt that that the perspective of the PCTs may have been less well publicised than the perspectives of those supporting alternate options.

> *"It would have been helpful to have more information in the local press throughout the consultation. There has been a lot from the campaign groups but very little about the PCTs' proposals, evidence base, supporting information and progress of the consultation."* (meeting with National Childbirth Trust, Eastbourne Branch, July 2007)

The most common request for further detail related to the financial implications of different options. Individuals and key stakeholders emphasised that the costs associated with each option considered should have been available.

> *"Whilst finance is stated not to be the underlying reason for change, we believe that all the options should be fully costed, and must clearly be value for money. No costs are included in the consultation document, and could not be given at the public meeting."* (Trustees of the Friends of the Eastbourne Hospitals, representing some 3,500 members)

Some went as far as to suggest that failure to provide robust information about costs meant that the PCTs had not met the requirements of full and balanced consultation.

> *"The NHS Chief Executive has stated that 'PCTs should provide details of all options for change, with well balanced pros and cons for each option.' This has not been done robustly at all; there are a lack of relative costings within each of the proposed options, capital costs are not included, costings for redundancy, relocation and pay protection likewise; the cost of additional ambulance transfers, additional litigation costs or increased midwife staffing levels. All are lacking. Furthermore, we were informed last May that 'the PCTs' appraisal of Option 5 would be published before the end of the consultation.' This has not happened. Consequently we are not satisfied the PCT have met the requirement to provide adequate 'hard' data to allow the public to make a considered judgement."* (Eastbourne and Willingdon Liberal Democrats)

Others argued that it would not be possible for the PCT Boards to make a decision without full financial and other information, and that much additional work would be needed before the Boards could fully weigh the costs and benefits of all of the different options.

> *"The NCT believe that reconfiguration should be an absolute last resort. We have not been satisfied to date that the PCT have adequately internally consulted and has instead been led by what the Acute Trust has concluded. More consultation is needed to determine in detail all the financial and practical costs before undertaking this great change to maternity services."* (petition signed by 55 people)

Women and men; people of different age and ethnic groups; and members of the public, clinicians, and organisations were all equally likely to comment about the perceived inadequacy of the amount of information available from the PCTs.

Inaccuracies

Another common area of concern was perceived inaccuracies in the consultation documentation and in comments made by PCT representatives during meetings.

Both individuals and organisational stakeholders suggested that the times quoted for travel to hospital sites were underestimates. This was felt to be important because any increase in the time taken to reach a consultant-led unit may have impacts for the wellbeing of mothers and babies as well as impacting on the support available from family, friends and other visitors.

> *"Travel times figures used in the document are for 'off peak' – this is not reflective of the real travel time issues. Babies are not always born off peak."* (public meeting in Bexhill, May 2007)

There were also differences in opinion about the accuracy of projected birth rates and population increases. These concerns were compounded when questioned by health professionals and council members. Some key stakeholders felt that not only were there inaccuracies in projected birth rates, but that the PCTs had failed to justify the figures fully when concerns were raised.

> *"Our main concern is the projected decrease in birth rates upon which a great deal of reliance seems to be placed, and is one of the major factors cited for the necessity for change. The leader of the Eastbourne Council stated at the public meeting that he believed that they were outdated, seriously flawed, and do not take into account building developments (past, present and future). In addition, anecdotal experience of local healthcare professionals is that current trends are up, rather than down. It is essential that decision of this significance are taken on the basis of credible statistics, using the latest information possible."*
> (Trustees of the Friends of the Eastbourne Hospitals, representing some 3,500 members)

There was a perception that the PCTs were basing important decisions on inaccurate data or, worse still, using inaccurate data to justify decisions that may already have been made. Some people felt so strongly about this issue that they suggested that the consultation documentation should be reissued.

> *"Request that the consultation document be withdrawn and reprinted due to incorrect / inaccurate figures and graph. How can the PCT ask the public to believe them when they have had to take legal advice to see if the document should be withdrawn and reprinted!"* (public meeting in Crowborough, May 2007)

Another area of concern was the accuracy of comments about safety. Some believed that the PCTs had made statements about the safety of small and large consultant-led and midwife-led units in public meetings and consultation documentation that were open to interpretation.

> *"I suspect that a study examining a relationship between the size of obstetric units and outcomes would fail to demonstrate that larger units are safer. One of the reasons for this is that maternal deaths are rare events and intrapartum stillbirths and neonatal deaths are uncommon. Another is that the procedures carried out are hardly highly technical … therefore I find it disturbing that in the summary version of the consultation document, much more widely circulated than the full version, the two chairmen say in their foreword 'The fact that bigger maternity units are safer and more effective is an important issue to consider in this consultation.' This statement is not correct and will bias those responding."* (member of the public)

The Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group suggested that the information issued by the PCTs had served to misinform people about key issues, including the level of support for change among clinicians.

> *"We also strongly believe that the consultation has been a sham. It has misinformed the public on a number of issues. They have been led to believe that the majority of GPs agree with single site when this is clearly not the case. The LMC, the only committee to represent 600 GPs, have written both to [Chief Executive] and the paper stating that Options 1-4 were not clinically safe. Clinically safe is one of the criteria insisted upon by the PCT, and yet their own options are not."* (Friends of the Conquest Hospital and Hands Off the Conquest Campaign Group)

In their consultation responses, people often wrote more passionately about concerns with the consultation process itself than they did about the content of the consultation. The Maternity Services Liaison Committee was one of several groups which suggested that the consultation should be rerun.

> *"This situation, of failure to consult the MSLC, the public use of incorrect and misleading information, as well as the failure to address key issues, undermines the effectiveness of the public consultation process. In order to be a meaningful consultation based on correct statistics and verified information agreed with the MSLC (as required by government guidelines) a re-run of the consultation is required with these fundamental flaws corrected."*
> (East Sussex Tri-Forum Maternity Services Liaison Committee)

7. Key messages

This overview has compiled the key trends in consultation feedback for the East Sussex Fit for the Future development programme. It has not explored individual responses in any depth, but rather has outlined themes common to a great many of the responses received.

To summarise, the PCTs received responses representing almost 17,000 people. These included 442 emails, letters, response forms and notes from meetings with individuals and organisational stakeholders, where a range of options for the future were considered. In addition eight petitions and 1521 postcards organised by campaign groups were submitted.

The consultation was not a public referendum and feedback from the consultation will be one of many things that the PCT Boards consider when making their decision. The PCTs asked people to comment on their general vision for the future and reasons for proposing change, the advantages and limitations of suggested changes to birth services, any alternative options that the PCTs should consider, and factors that the PCT Boards should prioritise when making their decisions.

Vision for the future

Most people responding to the consultation did not indicate whether they agreed with the PCTs' vision for the future or reasons for proposing change. Of those that did, most said they understood the stated reasons for change but did not agree with them. Organisations such as councils and hospital trusts were more likely to say they agreed with the PCTs' vision for the future compared to individuals, though a number of clinicians stated that there was a clinical impetus for change.

Proposed options

As the consultation is not a vote, it is not helpful to focus on levels of support for different options. However, for completeness it is worth noting that of the 393 letters, response forms and emails received:

- 4% indicated some support for Option 1 (consultant-led unit at Eastbourne)
- 2% indicated some support for Option 2 (consultant-led unit at Hastings)
- 20% indicated some support for Option 3 (consultant-led unit at Eastbourne, midwife-led unit at Hastings)
- 21% indicated some support for Option 4 (consultant-led unit at Hastings, midwife-led unit at Eastbourne)
- 27% indicated some support for Option 5 OR the status quo (consultant-led unit at Eastbourne, consultant-led unit at Hastings)

In addition 1521 postcards and eight petitions supported Option 5. Seven other options were proposed, which were variations on the above themes.

Overall the perceived strengths and weaknesses of each of the PCTs' proposed options were similar, and few people commented on the strengths and weaknesses of additional options.

Regardless of which option people and organisations supported, the key concerns about proposed changes were similar. People felt that having one consultant-led maternity unit instead if two in East Sussex would impinge upon safety and travel time. People were eager for levels of deprivation to be considered, as well as the impact that changes may have on local families, staff, and the environment.

Key themes

As well as discussing specific options, people also made a number of general comments and observations which they wanted the Boards to take into consideration:

- The PCTs should not make their decisions in isolation. Other consultations in West Sussex and Kent may have important implications for the people of East Sussex.
- There are concerns that changes to maternity services would lead to a 'domino effect' with other service closures following.
- People expressed concern that finances were driving change rather than safety.
- There were significant concerns about travel times, the availability of transport and the impacts that this may have on the safety of mothers and their babies.
- Some people believed that there was a shortage of midwives and consultants which would make some of the options untenable.
- Some people were worried about the impacts of any change on staff and potential redundancies.
- There was a strong message that the PCTs should look at areas of deprivation in future planning.

Others mentioned that it is important for the PCTs to focus on promoting straightforward birth and to facilitate choice. There was a desire to know more about how community services would be developed and how antenatal and postnatal care would be improved. There was also a desire for the PCTs to take a more holistic approach to planning, and to work in partnership with local authorities.

Consultation process

While some organisations commended the PCTs on the inclusive nature of the consultation, other people were more critical of the consultation process. People were concerned that there may be inaccuracies in the consultation documentation (such as incorrect travel times) and that not enough evidence had been provided to support the PCTs' arguments. There were concerns about delays in distributing consultation material and the scope, advertising, and timing of the consultation events. Problems with accessing information online were also mentioned.

While some respondents were pleased that consultation information was widely available in local venues, others felt that the PCTs needed to distribute documents to a broader range of voluntary groups and households.

A very common concern was that Option 5 had not been included in formal consultation literature and was not being fairly promoted or assessed during the consultation period.

Some were concerned that the PCTs had made a decision about their preferred way forward and that people's views would have little impact. Others were worried that the PCTs' decisions might be swayed by campaigners or interest groups.

It is not the role of this trend analysis to draw conclusions or lessons learned. However, in summarising the key messages it is fair to say that the consultation generated a large number of passionate and thoughtful responses and that there appeared to be a real fear that proposed changes could have serious consequences for local families.

While organisational stakeholders generally understood the reasons that the PCTs were proposing change, this same level of understanding did not appear to be present among many individual respondents who saw any change as a negative 'downgrading' of services – and potentially the first of many significant changes.

Regardless of what decision the PCT Boards make about birth services, it appears that there will be a great deal of work to do to communicate the reasons for this decision, to describe exactly how public feedback was used in the decision-making process, to alleviate fear, and to promote the potential benefits of any change.