

**Response from Dr Geoff Leece**

**Options 10 and 11**

Option 10 is relevant to the situation of a single consultant-led unit being located in Eastbourne. Option 11 is relevant to a single unit being located in Hastings. As the PCTs decided to locate the single unit in Hastings (Option 4), only Option 11 needed to be assessed.

**Option 11:** Similar to Option 4 but with the addition of a midwife-led maternity service being provided in or near Hastings.

I will now address your specific questions.

**Your first point**

I do not believe that the PCTs have undertaken an adequate assessment of Option 11. Indeed, I don't even believe the PCTs have undertaken an adequate assessment of their own options!

The reason for saying this is that there has been a great deal of misinformation from the PCTs throughout the whole consultation process. This was bound to prejudice the assessment process. I drew the PCTs attention to misleading statements in the consultation document and later in my formal response to the consultation document. At the meeting of the joint Boards to consider the new options, misleading statements continued. This concerned me so much that that I even wrote to all the non-executive members of the PCTs before their December meeting. This was a long and detailed letter, which for reasons of space unfortunately cannot be included here.

**Your second point**

Option 11 was an open ended proposal in that the way the midwife-led service was provided was intentionally not specified. A midwife-led unit can either be free-standing or co-located within a consultant-led unit. I am therefore surprised that in the papers for the meeting on 20<sup>th</sup> December there was only one set of costs for Option 11. There should have been at least two sets of costs; one set for a stand-alone unit and one set for a unit co-located with the consultant-led unit. It seems that only one of the two types of midwife-led service was considered.

In "Maternity Matters" the government is giving a guarantee to all women that they will have the option of a "birth supported by a midwife in a **local**

midwifery facility.” Option 4 does not provide this for women living in Hastings. Option 11 does and yet was rejected.

For the above reasons I believe the assessment of my proposal by the PCTs was both inaccurate and incomplete.

### **Your third point**

The proposers of new options were invited to meet with the joint boards to present their respective cases and answer any questions the boards might have. I was not able to attend this meeting but I was invited to send in a written submission which I did. This was the only opportunity I had to provide input to the assessment process.

I have not had the opportunity to comment on the final assessment of my proposal. The details of the option appraisal were not included in the papers for the December meeting.

### **Additional points**

When I presented Options 10 and 11 to the New Options Assessment Panel, Prof. Field noted that better access to midwife-led care was a common theme in both my proposals and the Maternity Service Liaison Committee proposals. Similarly the proper location of midwife-led units was a common theme of my proposals and those of Options 6 and 7. He therefore asked Michael Wilson to contact those who had put forward these proposals to see whether they would like to work together on developing a joint approach. I very much welcomed this but as I heard nothing further, I sent a reminder to the PCTs. I know this was received but I heard nothing.

Although I did not attend the meeting with the joint Boards I did view the video. I have to say that I would be surprised if those presenting their options felt they had meaningful discussions in such a formal setting. In my view the way the new options should have been handled was first to involve the proposers of the options in much less formal discussions with “experts” in the PCTs. As it is quite difficult working in isolation, perhaps the PCTs should have provided some support for those putting forward new options. Better still, as the new options which went forward for consideration by the PCTs had been approved by Prof. Field, and in a sense were now owned by the PCTs, the proposers could have been invited to work in partnership with the PCT rather than being sidelined into what felt like a “them and us” situation.

I hope you find the above comments helpful.

Dr J G Leece

15<sup>th</sup> January 2008