Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**21 November 2013**
By:	**Assistant Chief Executive**
Title of report:	**Maternity and Paediatric Services in East Sussex**
Purpose of report:	**To consider the progress of Clinical Commissioning Groups in developing proposals for the long term future of maternity and paediatric services for East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:
1. Consider and comment on progress with the development of future plans for maternity and paediatric services.
2. Request a further report on proposals for the future of the services in January 2014.

1. Background

1.1 Since April 2013, Clinical Commissioning Groups (CCGs) have been responsible for commissioning maternity and paediatric services to meet the needs of East Sussex residents. In July 2013, the three East Sussex CCGs launched a period of engagement about the future of maternity and paediatric services and the standards of care they should commission against. The CCGs' review and engagement programme is known as 'Better Beginnings'.

1.2 The CCGs' starting point was the outcome of a pan-Sussex project which considered maternity and paediatric services across the entirety of Sussex (East, West and Brighton and Hove). In July 2013 the two clinical reference groups leading this work published a 'clinical consensus' document and draft service standards for each of the two specialties. These set out what senior clinicians consider to be minimum standards and best practice for the services, and they are intended to be the basis for commissioning the services in the future. The development of these standards included research with service users.

1.3 East Sussex CCGs used the clinical consensus as the basis for engagement, summarising the issues in a 'case for change' (previously circulated to HOSC Members and available from CCG websites including www.eastbournehailshamandseafordccg.nhs.uk). The case for change did not set out any specific options for future service configuration. Instead, it sought views on the proposed standards and how these could be delivered in the future.

1.4 In September 2013 the CCGs advised HOSC that they would be undertaking an additional period of public and clinical engagement through October and November 2013 to inform the development of delivery options, with a view to identifying potential options for the future configuration of local services by early 2014.

1.5 This review of services takes place in the context of temporary changes to the maternity and inpatient paediatric services provided by East Sussex Healthcare NHS Trust (ESHT). In March 2013, the ESHT Board decided to temporarily consolidate the Trust's consultant-led obstetric and inpatient paediatric services at the Conquest Hospital on the grounds of safety. This temporary change to services was implemented in May 2013. A midwife-led unit for low risk births and a paediatric assessment service have been retained at Eastbourne DGH. Other services including the Crowborough Birthing Unit, elective (planned) gynaecology, outpatient and community services were unaffected. The temporary arrangements are in place pending the agreement of plans for the long-term future of the service.

1.6 The CCGs will ultimately take the decision on the service model they wish to commission, with input from service providers including ESHT.

2. Progress reports

2.1 The CCGs have analysed the feedback they received on the case for change during the initial engagement period from July-September 2013. A report setting out the key findings is attached at **appendix 1**.

2.2. A progress report from the CCGs on the overall process is attached at **appendix 2**. This describes the methodology by which delivery options are being developed and assessed. Amanda Philpott, Accountable Officer/Joint Chief Operating Officer and Catherine Ashton, Associate Director of Strategy and Whole Systems Working, Eastbourne, Hailsham and Seaford/Hastings and Rother CCGs will attend HOSC to discuss the reports.

3. HOSC role

3.1 Any decisions regarding permanent changes to service configuration are subject to the usual consultation requirements with HOSC and with the public. HOSC has previously agreed that any proposed changes to maternity and paediatric services which constitute reconfiguration (i.e. changing where or whether a service is provided in the future) would amount to a substantial variation in service requiring formal consultation with the Committee. If the options for the future of the services include potential reconfiguration, a formal consultation process with HOSC and with the public is expected to take place in 2014.

3.2 In September, the Committee agreed to schedule an additional HOSC meeting in January 2014 with a view to considering specific proposals for the future of the services and any associated consultation arrangements.

3.3 Since June 2013, the HOSC Clinical Strategy Task Group has, at HOSC's request, expanded its role to include oversight of the process for developing maternity and paediatric service proposals. The Task Group's detailed work adds depth to HOSC's ongoing scrutiny of this topic and enables Members of the group to bring specific issues to the Committee's attention.

3.4 The Task Group has met three times, on 25 July, 6 September and 18 October, to review progress. It will meet again on 17 December to consider progress with the development of options for the future, before the anticipated HOSC meeting to consider proposed options in January.

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Report on the findings from the initial discussion phase of Better Beginnings: review of maternity and paediatric services in East Sussex

September 2013

Executive summary

1. Introduction

1.1 During the initial discussion phase (15 July 2013 – 15 September 2013) of the "Better Beginnings" review, the CCGs in East Sussex have led a programme of engagement with local people. This activity was particularly focused on collecting views from recent or current service users. This report contains the analysis of learning during this period.

1.2 The aim of this activity was to raise awareness of the Sussex Clinical Case for Change for maternity and paediatric services, seek insight into recent experiences and capture people's aspirations for future service delivery options. It should be acknowledged that, whilst engagement has been focused on the future delivery of these services, views about the temporary changes to East Sussex Healthcare NHS Trust (ESHT) services have featured prominently in these early discussions.

2. Methodology

2.1 The engagement programme and information materials were created and delivered by the CCG's engagement and communications teams.

2.2 Information, including the drivers for the review, the Sussex Clinical Case for Change and a range of frequently asked questions, has been made available on all three East Sussex CCG websites, along with an online survey. Information has also been made widely available through Healthwatch, media releases, information in GP practices and other community venues.

2.3 The learning in this report reflects the views of those who responded to the online survey, took part in focus groups, participated in interviews, or shared their experiences directly via email or verbally on the telephone. This represents a relatively small sample although a wealth of data has been captured.

2.4 To try to capture a balance of views the engagement team ran focus groups and attended pre-existing groups and family fun days across the county to ensure that views were heard from a diverse range of people and to hear from those who may not choose to attend a specific focus group session.

3. Key learning - Clinical Case for Change

3.1 The discussion about the Sussex Clinical Case for Change is generally understood and accepted but the context of the temporary changes at ESHT has led to scepticism among some of the population about the true drivers for the changes.

3.2 While many people understand the Clinical Case for Change for maternity and paediatric services this did not always translate into agreement that the services should be reviewed. Views were expressed that the required improvements could be achieved without service reconfiguration.

3.3 There is a strong perception from Eastbourne residents that the District General Hospital (DGH) is being downgraded and that this review is part of that wider strategy. There is a mixed understanding of the reasons for the temporary change at ESHT; many believing it is financially driven, whilst others have cited staff shortages and safety concerns.

3.4 People gained greater understanding of the Clinical Case for Change when it was explained to them verbally, rather than from the written information.

4. Key learning - Maternity Services

4.1 While most participants agreed that choice is important in relation to maternity care, there are different perceptions about the concept of choice relating to location and type of birthing service. Location of services can impact on the choices people make and some feel that moving services further away from where they live is, in effect, restricting their choice.

4.2 Women need to be supported to make informed choices and this will require access to better information about services that are available.

4.3 Women also cited a need to improve support for choices around breast / bottle feeding, which is an aspect of the pathway that can leave mothers feeling vulnerable and confused.

4.4 There is a strongly held perception among many of the women spoken to, that having to travel further to access birthing services increases risk. This perception is often based on personal experiences where the belief is that the outcome of a previous pregnancy would have been different (generally worse) if they had had to be transferred or travel further to access services.

4.5 There are real fears about having to travel longer distances; whether this was known and planned for in advance, or as a result of having to be transferred from one unit to another during labour. This fear is more acute because people are not clear what happens if their situation changes during labour and they require more intervention than is available where they are – this is often referred to as “the worst case scenario”.

4.6 Because of the “worst case scenario” fear many of the women spoken to want the safety-net of obstetric care available where they give birth, even though they would prefer a midwife-led birth. Over half women asked said if they could choose, they would prefer a midwife unit co-located with an obstetric unit. This reflects a general lack of confidence in the safety and choice (in terms of intervention) offered by midwife-led units.

5. Key learning – paediatric services

5.1 Generally, people report positive experiences of paediatric care. The responses captured do reflect concerns about the service currently operating at ESHT and have highlighted a number of areas where this model could be improved.

5.2 Accessibility and proximity are important and, while people are prepared to travel for expert paediatric help, there is concern that services may not be available locally and this causes particular anxiety for parents of children with complex needs.

5.3 If a child is admitted to a hospital that is further away, there are concerns about how this will impact on other children within the family. There are also difficulties at discharge if a child is transported by ambulance.

5.4 People suggested that if there were options within the community to get expert clinical advice / home visits when your child was ill it could reduce hospital and A & E attendance.

6. Next steps

6.1 The next phase of engagement is patient and public input into identifying the opportunities and challenges presented by different potential delivery options. This will inform the options put forward for a potential formal consultation.

6.2 A full engagement plan for a potential formal consultation is in development and a reference group is being established to inform the approach.

End of Summary

Report on the findings from the initial discussion phase of Better Beginnings: a review of maternity and paediatric services in East Sussex

1. Context

1.1 In May 2012, leading clinicians across Sussex– consultants, midwives, nurses, GPs – began a review of maternity and paediatric services across Sussex. The review drew on local, national and international evidence and guidance relating to best practice in those clinical areas. The outcome of this review was an agreed set of quality and safety standards for intrapartum care (birth) and acute in-patient paediatric services across Sussex. These standards were published in Spring 2013.

1.2 A gap analysis was completed which found that the commissioned models of care in East Sussex were not meeting all of the agreed standards. Local clinicians decided that changes were needed to improve quality and safety of these services into the future. As a result, a Clinical Case for Change was agreed and the three East Sussex Clinical Commissioning Groups (CCGs) initiated a process to develop, agree and implement improvements in maternity and paediatric services – Better Beginnings.

1.3 The current birthing services that are commissioned in East Sussex are home births, obstetric-led care at Eastbourne DGH and Conquest Hospital (Hastings), and a midwife-led unit at Crowborough Birthing Centre. In addition there are antenatal and postnatal services.

1.4 The current paediatric services that are commissioned in East Sussex include inpatient services on both the Eastbourne DGH and Conquest Hospital sites.

1.5 In May 2013, East Sussex Healthcare NHS Trust (ESHT) implemented temporary changes to maternity and paediatric services on the grounds of safety. This temporary change has centralised obstetrics and in-patient paediatrics at the Conquest Hospital, Hastings. At this time ESHT indicated that these changes would be in place for up to 18 months to allow for the Better Beginnings review to take place and for a long term solution to be developed and agreed.

1.6 The process for developing and agreeing the long term solution for these services rests with the three East Sussex CCGs. Whilst the CCGs are closely monitoring the services at ESHT following the temporary changes, the Better Beginnings process is driven by the disparity between the currently commissioned services and the agreed safety and quality standards.

1.7 Better Beginnings is a multi-phase process and a decision about the future of these services is unlikely to be known until summer 2014. Throughout the process, the CCGs will work with clinicians, service providers, partner organisations and local people to ensure a full range of perspectives contribute to developing the best long term solution for East Sussex.

1.8 During the initial discussion phase (15 July 2013 – 15 September 2013) a programme of engagement with local people was undertaken. This report contains analysis of the learning during this period.

1.9 The aim of this activity was to raise awareness of the Sussex Clinical Case for Change, seek insight into recent experiences and capture people's aspirations for future delivery options. It should be acknowledged that, while engagement has been focused on the future delivery of these services, views about the temporary changes to ESHT services

have featured prominently in these early discussions. These have been incorporated into sections 5 and 6 of the report.

2. Methodology

2.1 The engagement programme and information materials were created and delivered by the CCGs' engagement and communications teams.

2.2 A summary of the Sussex Clinical Case for Change and a Better Beginnings briefing were published on all three CCG websites and were sent directly to key stakeholders. The Case for Change has been explained more widely through the local papers and details of the review and opportunities to shape proposals have been promoted to the public through GP practices, the Healthwatch East Sussex website, community bulletins, flyers in community venues, direct mailing to playgroups and via partner organisations.

2.3 An online survey was posted on CCG and other websites aimed at all members of the public. In addition to this, targeted engagement has taken place through focus groups, 1 to 1 interviews and discussions at existing groups, in order to directly capture the knowledge and experience of people who have recently used or are using maternity and paediatric services.

2.4 All methods have explored concepts of choice, quality and access and have captured views, experiences and case studies. The approach to engagement has been pro-active and the team have received positive comments about the genuine nature of the engagement undertaken, promoted on social media by participants.

2.5 The learning in this report reflects the views of those who responded to the survey, took part in focus groups, participated in interviews, or shared their experiences directly via email or verbally on the telephone. This represents a relatively small sample, although a wealth of data has been captured. This approach may have introduced an inherent bias since people are sometimes more motivated to share negative experiences than to pro-actively share positive experiences.

2.6 To try to capture a balance of views the engagement team attended pre-existing groups and family fun days across the county to ensure that views were heard from a diverse range of people and to hear from those who may not chose to attend a specific focus group session.

2.7 For this initial discussion phase, the feedback has been analysed internally by the engagement team. The quantitative survey data is analysed using survey software. The various forms of qualitative data were analysed using the constant comparative method where all qualitative responses are reviewed and categorised to identify common themes which have been presented in this report.

3. The On-line Survey

The on-line survey was intended to collect a public view on the Sussex Case for Change for maternity and paediatric services and to capture perspectives on what are the most important things to consider of these services. As well as the quantitative (numeric) data the on-line survey allowed respondents to make comments explaining their views. These comments have been analysed alongside other qualitative data collected through the focus groups and one-to-one interviews

It is important to note that several people expressed dissatisfaction with the survey design and there was a level of scepticism about the motivation for asking the questions which may affect the results. Examples are:

"This survey is slanted for you to get the answers that you want – of course people want the best – you have made it so that people will say what you want…" (Survey comment)

"People are playing the game when they fill out the online survey. You want us to say that safety is the number one priority so people choose location because they don't want to lose the service." (Focus group participant)

3.1 Responses rates to the online-survey

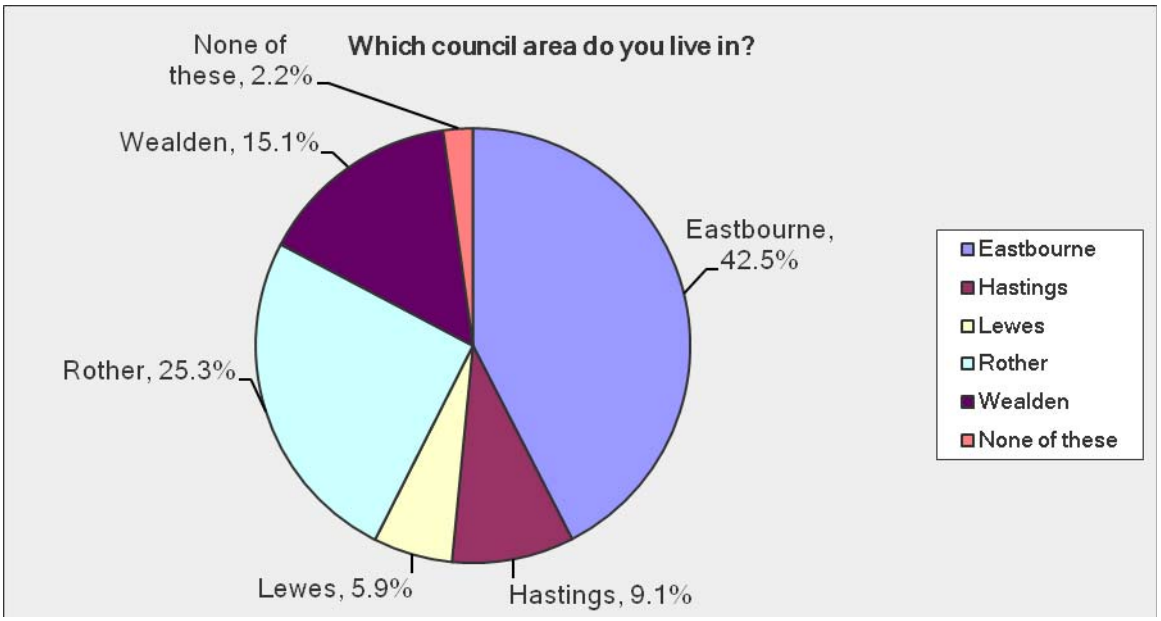
A total of 191 online surveys were completed. Not all respondents completed all questions.

131 respondents completed the questions relating to their use of services.

Of these:

- 44.7% have accessed local maternity services in the past 5 years
- 20.8% have never accessed local maternity services
- 46.6% have accessed local paediatric services (as a parent) in the past 5 years
- 26.0% have never accessed local paediatric services (as a parent)

Respondents were spread across East Sussex with proportionately more responses from Eastbourne residents.



3.2 Survey responses about the Sussex Clinical Case for Change

Respondents were recommended to read the Sussex Clinical Case for Change briefing before completing the survey. However, it is not possible to evidence whether all respondents had done so.

When asked "Do you feel you have enough information on the Case for Change?"

- 49.2% of respondents answered "Yes"
- 33.5% of respondents answered "No"
- 17.3% of respondents answered "Don't know"

Survey respondents were asked to indicate their level of understanding of, and agreement with, the Sussex Clinical Case for Change for maternity services and paediatric services in East Sussex. The results were as follows:

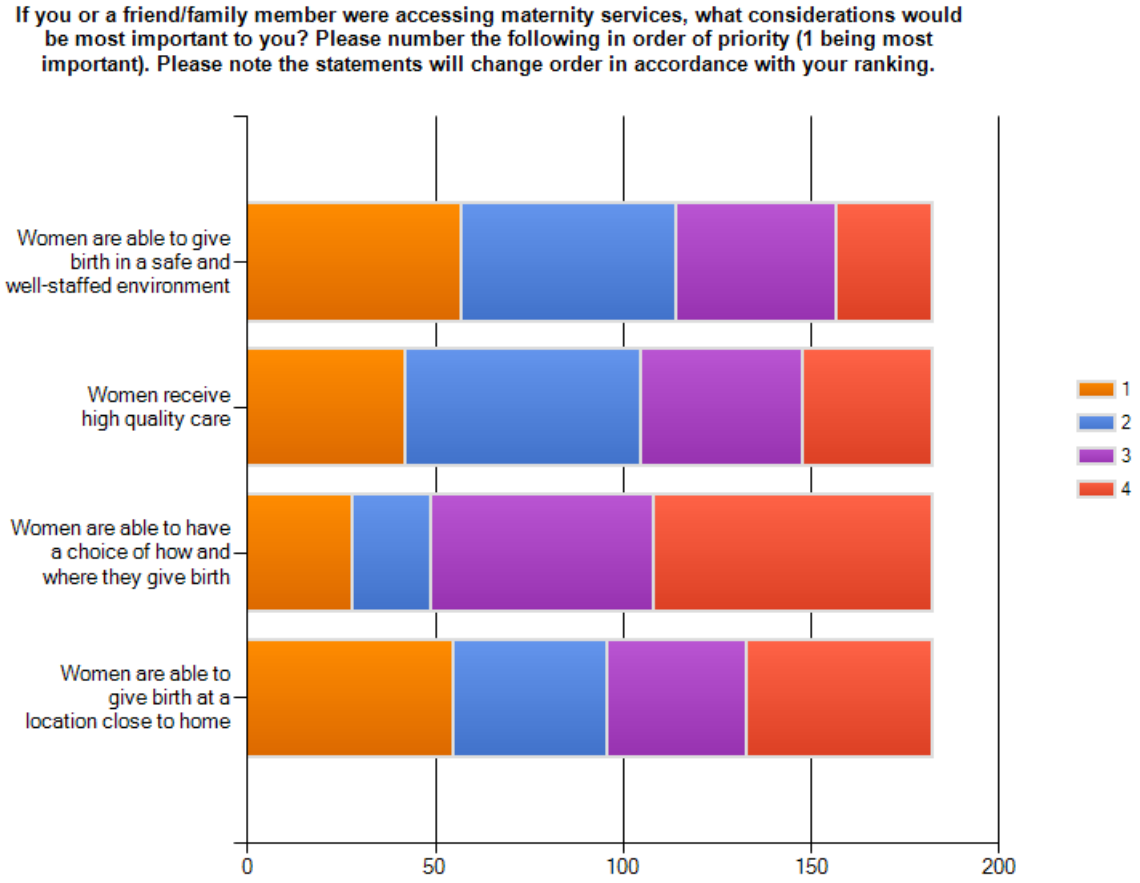
Answer Options	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Count
I understand the case for changing maternity services in East Sussex	28	61	22	39	41	191
I understand the case for changing paediatric services in East Sussex	21	62	22	39	47	191
There is a strong case for changing maternity services in East Sussex	20	28	34	39	69	191
There is a strong case for changing paediatric services in East Sussex	14	28	31	44	73	191

- 46.6% of respondents "agreed" or "strongly agreed" that they understood the case for changing maternity services in East Sussex.
- 56.5% of respondents "disagreed" or "strongly disagreed" that there was a strong case for changing maternity services in East Sussex.
- 43.5% of respondents "agreed" or "strongly agreed" that they understood the case for changing paediatric services in East Sussex.
- 61.3% "disagreed" or "strongly disagreed" that there was a strong case for changing paediatric services in East Sussex.

Reviewing the comments associated with this question there does appear to have been some confusion about what is meant by 'Case for Change' as many comments related to the drivers behind the temporary change at ESHT rather than the Sussex Clinical Case for Change and the longer term future of services.

3.3 What is most important in relation to maternity services?

In relation to maternity services, the online survey asked respondents to rank four statements in order of priority (1 being most important and 4 least important).



- A safe and well-staffed environment was chosen most often (31.1%) as the number one priority, closely followed by location close to home (30.2%).
- Choice of how and where to give birth was selected most often (40.7%) as the least important priority.

As a rating average

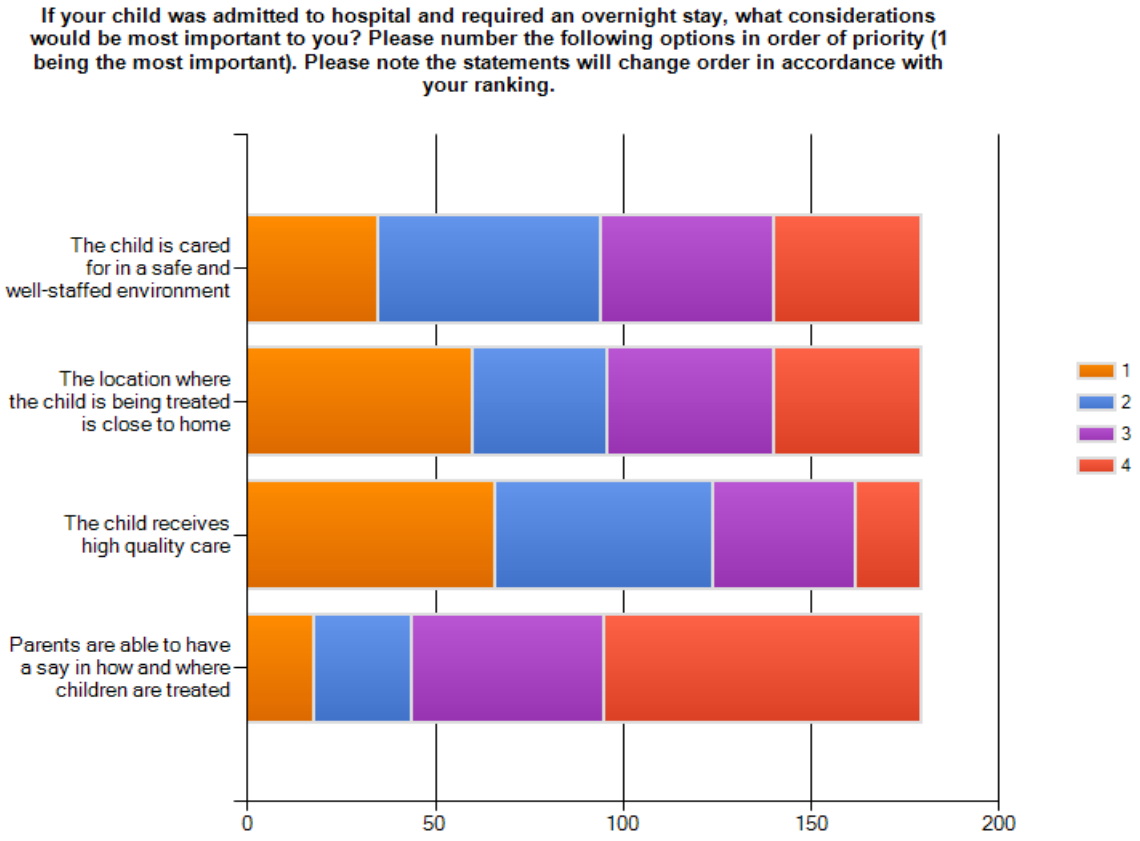
- women giving birth in a safe and well-staffed environment was ranked first (2.20 average),
- high quality care second (2.38 average),
- location close to home third (2.44 average) and
- choice of how and where to give birth ranked fourth most important (2.98 average).

Please note, as the ranking order was 1 for most important and 4 for least important a lower rating average represents a higher ranking.

The online survey asked "What else is important to you in accessing maternity services?" 57 comments were made. These comments have been analysed alongside other qualitative data and themes are presented in section 4 of this report.

3.4 What is important in relation to paediatric services?

The online survey repeated the ranking exercise in relation to paediatric services.



- High quality care was chosen most often (36.9%) as the number one priority, closely followed by location close to home (33.5%).
- Choice of how and where the child is treated was selected most often (46.9%) as the least important priority.

As a rating average

- the child receiving high quality care was ranked first (2.03 average)
- location close to home second (2.33 average)
- safe well-staffed environment (2.50 average) and
- parents having a say in how and where children are treated ranked fourth (3.12 average).

The online survey asked “What else is important to you in accessing paediatric services?” 50 comments were made. These comments have been analysed alongside other qualitative data and themes are presented in section 5 of this report.

4. Maternity Services feedback from focus groups, Interviews and comments from the survey

In addition to explaining the Sussex Clinical Case for Change, the aim of the focus groups and interviews was to capture more detailed perspectives about the choices that local women want in terms of the type and place of birth. They were also used to explore what a quality service looks like from a patient viewpoint. Additionally, views were sought on having to travel for services and how proximity relates to choice.

4.1 Participation rates

4.1.1 One-to-one interviews

There were 27 one-to-one interviews about maternity services with recent maternity service users from different parts of the county (all female); Seaford (8), Hailsham (6), Battle (4), Willingdon (3), Eastbourne (2), Heathfield (2) Sidley (1), Lewes (1). Interviews were undertaken at family fun days, playgroups, children's centres and over the telephone.

- 22.2% (6) had last used maternity services since May 2013
- 37.4% (10) had last used maternity services between May 2012 and May 2013
- 40.74% (11) had last used maternity services before May 2012

There were 8 one-to-one interviews about paediatric services with parents that have recent experience of those services from different parts of the county; Seaford (2), Battle (2), Eastbourne (1), Sidley (1), Lewes (1), Heathfield (1)

4.1.2 Focus groups

- 6 focus groups were held in Hastings and Eastbourne.
- Most of the people attending (predominantly women) were very recent or current users of the services and had therefore been directly impacted by the changes. This is reflected in their feedback

Some of these focus groups were held specifically for this engagement programme and others were held with existing groups such as the Breast Friends group in Hastings.

4.2 Focus group responses about the Sussex Clinical Case for Change

Prior to the Clinical Case for Change discussion at the focus groups and interviews, and among survey comments where information was presented in the form of a written briefing, there was a varied understanding of the drivers for change including:

- Saving money
- Staffing shortages
- Units too small
- Wanting to downgrade one of the hospitals

"Money is finite in the NHS and I understand why these changes are happening." (Survey)

"This is a money saving project with little thought going into patient care. It's disgusting that there are people making decisions that can affect people's lives" (Survey)

"They felt maternity services weren't safe. They were understaffed, so unsafe, and this was due to funding." (Interview)

"The changes happened due to unsafe staffing levels. Also there is a need to have a minimum birthing level." (Focus group)

"I'm shocked at the low amount of births. I understand that higher birth rates within one location would be safer." (Focus group)

"They are closing Eastbourne as it is too small, so merging" (Interview)

"The main reason is to save money. They also want to turn one hospital into a cottage hospital" (Focus group)

Among focus group participants and people interviewed, where the Clinical Case for Change was explained verbally and people could ask questions, there was a stated understanding of the case for change and general agreement that these services should be reviewed.

- 26 of women interviewed understood why maternity services were being reviewed and agreed that they should be reviewed.
- 1 woman interviewed was unsure why maternity services were being reviewed or whether they should be reviewed.

"Before you explained about the junior doctors being difficult to recruit I would have had reservations about travelling. But it does make sense when it is presented in that way." (Focus group)

"The most important message is babies were at risk in the old model and it was unsustainable" (Focus group)

"The priority for consideration of these changes must start with patient safety and well-being, which includes recruiting and keeping the best staff who are motivated and rewarded by results they achieve. Best practice must be the goal, and shared communication and expertise essential" (Survey)

4.3 Views on the approach to service change

Several focus group participants and survey respondents expressed the view that, while services need to be improved, this can be achieved through changes to the management of services, rather than changes to service configuration. This view is particularly prevalent among Eastbourne residents.

"I understand the cases for change but I don't agree with them, both towns/areas should have full services on both sites with full time, permanent medical and nursing staff. Attracting medics to the Trust and retaining them is key. Look into why staff are not being attracted to the Trust. What is going on from a political and cultural point of view within the Trust and obstetric/paediatric department?" (Survey)

"There is clearly a case for change, but this is substantially different to a case for downgrading services at Eastbourne DGH, especially when in both departments admissions in Eastbourne are higher than in Hastings, and with the growth of the town are likely to remain high." (Survey)

"I attended the meeting in May and they explained it was staffing shortages and poor care. With the paediatrics they couldn't recruit the right staff. I believe that they didn't advertise for the staff well enough, so didn't try hard enough to make it work." (Interview)

"The question that no one can answer for me is, if someone is an orthopaedic trainee and wants to get fully qualified then they pick a section of the country and don't get a choice where about in this section they are based. This could be the model, so that trainees don't get as much choice. This has worked in other areas. Maybe the problem is so strategic that it is not being fixed by these changes." (Focus group)

4.4 Views on choice of type and place of birth

During the focus groups and the 1:1 interviews the concept of choice was explored. The purpose of these discussions was to better understand the types of choices women want and would use, and to identify what influences their choices. This helps to inform the types of delivery options considered and identifies ways to better support women to make active and safe choices about their maternity care.

4.4.1 Perceptions of "choice"

There are different perceptions about what "choice" means with some people feeling choice of the type of birthing service is most important but others reflecting that choice of location is their main consideration.

"I think women choose different birthing options and settings for different reasons. I chose Crowborough Birthing Centre to avoid being tempted by pain relief and because of the reduced likelihood of intervention." (Focus group)

"The choice of the type of birth is more important than the location of the service. I would travel for up to 1 hour. I did travel 40 minutes to get to my destination. That is fine as it was planned." (Interview)

"I think the choice is about having it on the doorstep." (Focus group)

4.4.2 Choice of location

A commonly expressed view was that location of services significantly influences the choices people make in terms of the type of birth. Some participants stated that they would be less likely to choose a home birth if the obstetric unit was more than a short journey from their home because of concerns about having to be transferred longer distances. A few women who had had difficult experiences with the births of their children stated that they would choose not to have more children if services were not located close to where they lived.

"Choice is great but I spent a lot of my time in and out of hospital. Location is important to me." (Focus group)

"I would not choose a home birth now that the obstetric support is in Hastings. You need to know that higher level intervention is available nearby if you need it. In that way the way the service has changed at the moment has reduced my choice." (Focus group)

"Comfort is also a choice. Travel is an issue with this" (Focus group)

"I would never choose to have a baby now with the way services are currently configured" (Focus group)

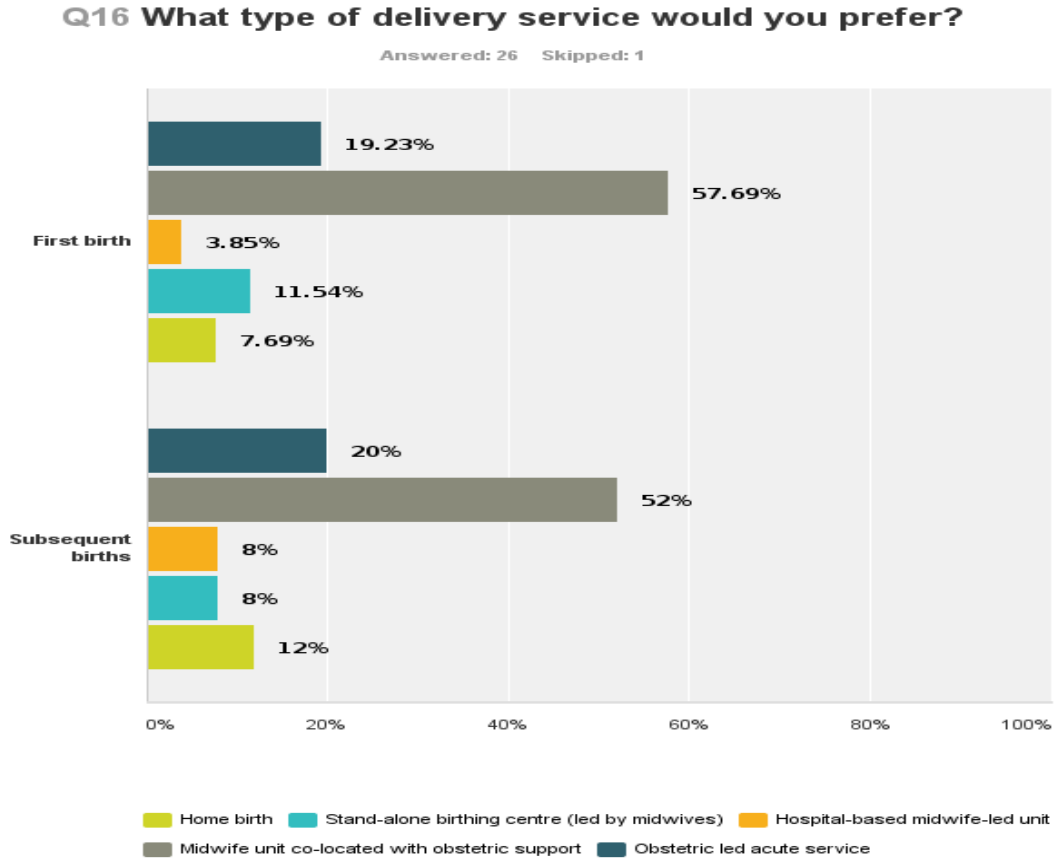
4.4.3 Type of birthing service

All 27 women interviewed rated choice of birthing services as important or extremely important. Focus group participants also considered choice very important but perhaps not the main consideration.

> *"I was well informed about choices, but I just said I need my babies to come out safely. Safety was my primary concern"*

> *"It's not about choices. You and your baby have to come first. It seems that people don't understand what's best for them."*

During the interviews women were asked about their preferred birthing service.



- A majority of women said they would prefer a midwife-led unit co-located with obstetric support.
- A fifth of women would opt for obstetric-led acute services. Often it was explained that they had previously had a high risk pregnancy or would likely be classified as high risk and therefore would not have an option.
- Home births or midwife-led services (stand alone or within a hospital setting) were less favoured but were still options that women wanted to have.

This was also reflected in some focus group discussions.

> *"Everyone wants as natural a birth as possible, but wants the worry taken away with obstetrics close by. A small obstetric unit on-site would work."*

4.5 Choice and support around breast feeding

Choice and support is important at all stages of the maternity pathway and particularly in relation to post-natal care. A common theme in interviews and at the focus groups was that women felt that there was a lack of support for women to exercise their choices in relation to breast / bottle feeding. This can have a significant impact on the overall maternity experience and is perhaps the area of the pathway about which participants were most dissatisfied.

"The choice of whether to breast feed or bottle feed is hugely important. Women want support regardless of what they choose. I felt as though the midwives were too eager to move onto formula milk when my son lost weight." (Focus group)

"There seemed to be a target culture around breast-feeding, with people being really forceful with me about feeding naturally. If I had been adamant that I was bottle-feeding then they would have left me alone, but where I was undecided they wanted me to breast-feed to tick their box." (Focus group)

"I felt judged by people due to the stigma around bottle feeding." (Focus group)

"With my twins I had a truly wonderful experience of learning to breast feed with a midwife at the Conquest. She really helped me to breast feed my children and it made a huge difference." (Focus group)

4.6 Ability to exercise choice

Several women said that they were not able to make a choice either about the type or place of birth. There were a variety of reasons for this.

"I was told a home birth was not an option because there were not enough midwives due to maternity leave and holiday. I was offered other options but I felt limited." (Focus group)

"I was not given a choice about where to give birth; it was not discussed at any of my antenatal appointments. It wasn't even talked about so I assumed the Conquest was just where I would go" (Focus group)

"I didn't have a choice because I was considered high-risk" (Focus group)

"Parents need to be educated more about what happens if their chosen birth plan can't be followed – if something happens and the clinicians need to step in". (Focus group)

"Maternity is an interesting area, in relation to the sources of information the people use. There is a lot of mistrust in NHS information, but there should be better information about what services are available...There is a trend of the mother having a choice and this is what people want, but there should be more information." (Interview)

"When you teach people something, it's to inform people and to let them choose. We are in the age of choice. Sometimes with the professionals they push their knowledge on you. They need to step back at times and let people choose." (Focus group)

4.7 Key themes relating to the quality and safety of maternity service

During the focus groups and the 1:1 interviews the features of an "excellent" maternity service were explored. Additional insight was captured from the free-text comment in the online survey. The feedback has been grouped into key themes.

4.7.1 Accessibility and proximity

For many, accessibility means having services close to where they live, whereas for others this is about access to a variety of birthing options. Discussions captured real concerns about having to travel longer distances whether this was known and planned for in advance, or as a result of having to be transferred from one unit to another during labour.

> *"If I need an intervention then this should happen on the same site. My main worry would be being transferred." (Focus group)*

> *"Being in pain when in transit is a big factor" (Focus group)*

> *"I worry if I would feel comfortable and calm during birth (like I did with my first child) if I had to travel" (Focus group)*

> *"I would not want to travel in an unplanned emergency." (Interview)*

> *"I wouldn't have known that my birth was going to be difficult. If I had been elsewhere other than the Conquest, I would have been a transfer like so many others in that situation" (Focus group)*

> *"You must remember accessibility is very important travelling to say Hastings from Eastbourne. [Consider] cost, difficultly if using public transport." (Survey)*

4.7.2 Perceptions of safety - travel

There is a strongly held perception among many of the women spoken to that having to travel further to access birthing service increases risk. This perception is often based on personal experiences where the belief is that the outcome of a previous pregnancy would have been different (generally worse) if they had to be transferred or travel further to access services.

> *"Some people still do not understand the concept of travelling a little further for a better service – the access vs. excellence argument." (Survey)*

> *"I wouldn't travel further for a better staffed environment because I think it increases the risk." (Focus group)*

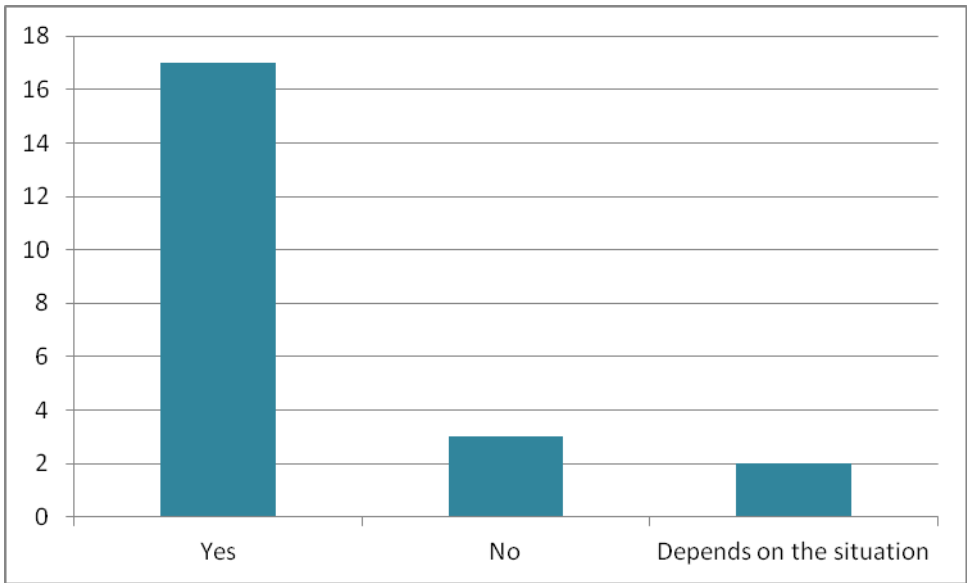
> *"It is important that people don't have a long distance to travel as this could have a serious impact on the child's/mother's health" (Survey)*

> *"Giving birth is taken too lightly and the fact that there is still considerable risk at the birth to mother and child is often ignored. Travelling further is placing that risk to a higher level. (Survey)*

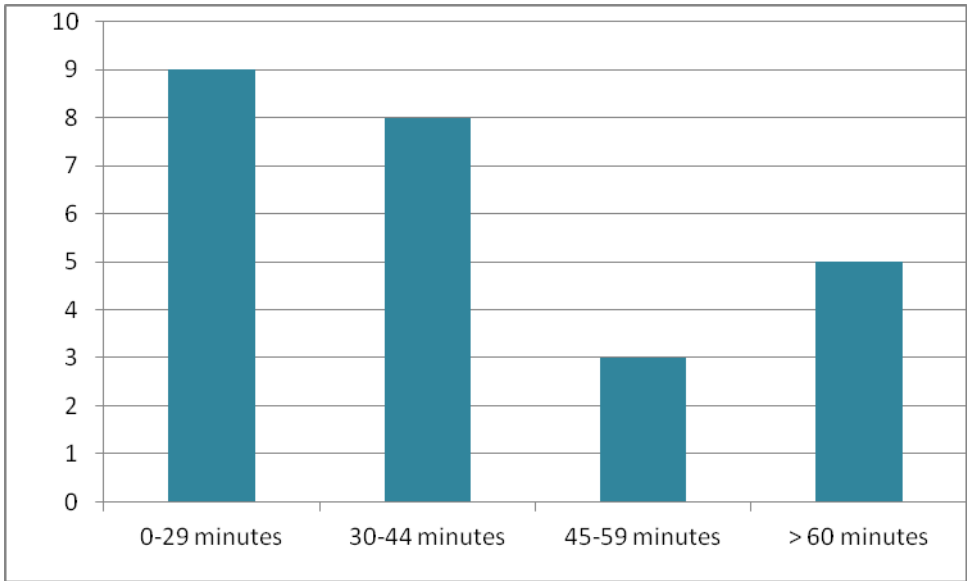
> *"This really upsets me as if the services were configured as they are now when I had my baby, then my baby would have died." (Focus group)*

> *"I was classed as high risk. I had my baby in the car on the way to Hastings. I was at the side of the road. It was rush hour. My husband couldn't fit in the car. We were lucky as it was summer the roads were safe to drive on. If I could have gone to Eastbourne then my baby could have been born in time." (Focus group)*

As part of the interviews, participants were asked, “If there was a service which had better facilities and a higher ratio of staffing, would you be prepared to travel further?”



Participants were also asked to indicate how far they would be prepared to travel for birthing services:



4.7.3 Perceptions of safety – type of delivery unit

There is also mixed understanding about the levels of safety in different types of birthing service and this affects the types of services that people want access to. While very positive experiences of midwife-led care have been shared, many women feel that they need or want the safety-net of obstetric care.

> *"I chose Crowborough because there is no intervention. I didn't want the option of an epidural. The ratio of care is high and there are never more than 6 women in labour with a minimum of 2 midwives on duty. The transfer time is 20 minutes to Pembury which sounds reasonable, in a worst case scenario." (Focus group)*

> *"I went to Crowborough. It is not a hospital but I felt very comfortable. I went on a tour there to familiarise myself with the place and with the staff. I don't think it is promoted enough" (Interview)*

> *"It was fantastic once I got there. I got a water birth and it was lovely. The midwife delivery was fantastic. I held my husband's hand through the process, even after birth. For 1.5 hours on the 1st night they took the baby so I could rest." (Interview)*

> *"Women that give birth in a midwifery unit get really good clinical outcomes. They are better outcomes than co-located unit." (Focus group - midwife)*

> *"There's a culture locally that people choose not to use a MLU as they don't think it's safe. I'm not saying it's the only option but sometimes there's a misconception around this not being safe." (Focus group)*

> *"Women in general want midwife care, but there is a fear that if something goes wrong then they want the appropriate help available." (Interview)*

> *"When I use maternity I would really like some provision there for obstetric support. I would like to say that if the worst happens then there will be someone on site to deal with it."*

4.7.4 Stable staffing levels

Service users reflect that when there are insufficient staffing levels or over reliance on agency staff this does impact on the experience of patients and their confidence in the service they receive. There is recognition that quality and safety are, in part, determined by staffing levels.

> *"I was in labour for 3 days, and was dumped with an agency nurse. There was poor communication and my husband had to intervene to get me the attention I needed. When I went from the delivery suite to the ward there was no one there and I didn't see any one. There weren't enough midwives. My partner had to change me." (Focus group)*

> *"There was a low number of midwives, although that isn't their fault. There was also no breastfeeding support. I was on the C-section ward, but I had a natural birth. I therefore felt I couldn't use my buzzer as their needs were greater than mine. They could have made me feel better about that." (Focus group)*

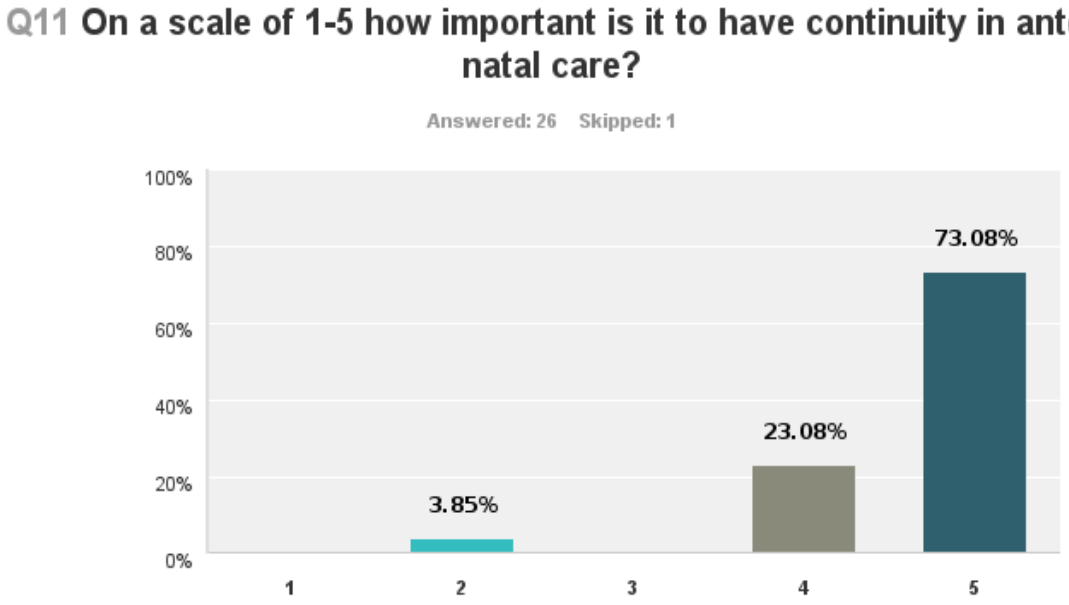
> *"The relationship between the midwives gave me confidence. They all know what each other was doing." (Focus group)*

> *"Confidence is a stable staff."*

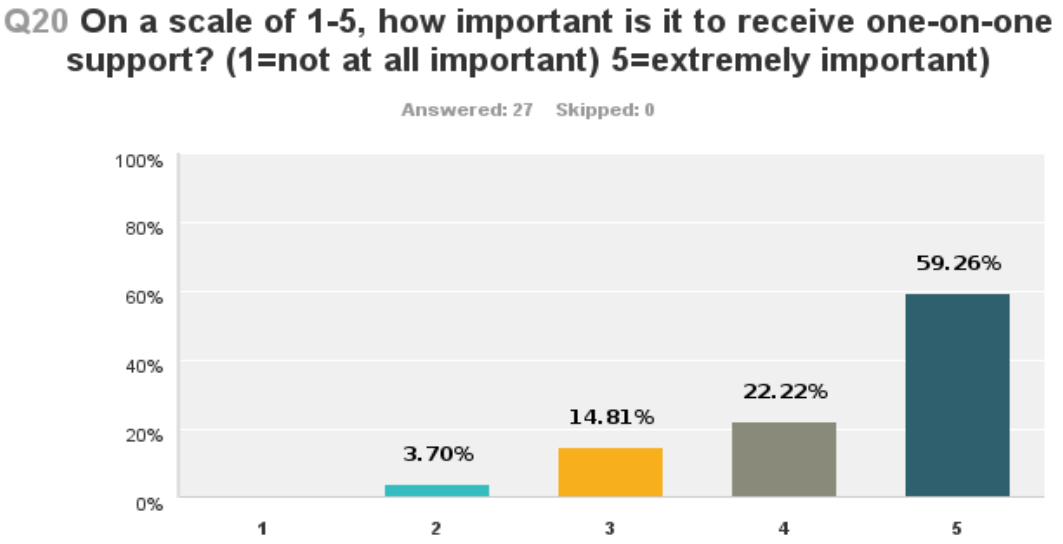
4.7.5 Continuity of care

Among the clinical standards that a new commissioning model would seek to deliver is to achieve one-to-one care for all mothers in labour and achieve a ratio of one midwife to every 30 births. The feedback demonstrates that there is generally support for these standards but that continuity of care is particularly important in relation to antenatal care. Among interviewees, continuity of care was the most commonly cited feature of a quality antenatal service.

The people taking part in interviews were asked to indicate how important they thought continuity of care is during antenatal care:



The people taking part in interviews were asked to indicate how important they thought one-to-one support was during birth:



This view was also reflected in the focus groups:

"I think continuity of care is important in antenatal care. You don't want to spend your little time with the professional explaining your case again." (Interview)

"Continuity of staff is more important in the post-natal period. It is also important in the ante-natal period. There needs to be support and the opportunity to build a relationship." (Focus group)

"There should be more consistency. When the midwife was the same, she took ownership. It felt different when the midwife was different. The midwife was pushy with breastfeeding. I had a bad experience around that with a midwife at my home." (Focus group)

"If I had met someone from the hospital (face-to-face) before my pregnancy then I would have felt more comfortable." (Interview)

"My midwife rearranged her next shift so that she could remain on duty a little longer to stay with me. I thought that was brilliant." (Focus group)

"Changing staff was an issue. It would be better if there was a team of midwives and you were introduced to the whole team so you were familiar with them all. There is a need for continuity of staff" (Focus group)

"A small team of midwives would work well. I don't think having just one midwife is realistic" (Interview)

"I want staff who know what they are doing, not the same ones all the time." (Focus group)

4.7.6 Suggestions for potential future service design

The people that took part in these discussions also offered practical ideas about how some of the challenges currently experienced could be addressed or the impacts lessened. These include:

- Introduce a system where women can be assessed locally (either at the midwife-led unit or by a community midwife in the home) to see if labour is sufficiently advanced to travel to the delivery service. This would avoid people being sent back home.
- Explore whether services could be organised services so the obstetrician and other clinicians travel instead of the mother.
- Organise staff so that they work across both sites and increase their experiences of births required to qualify.
- Introduce a "lounge-type area" where mums could wait in the early stages of labour? That would stop people being sent away for going to hospital "too early".
- Address transport and parking issues – maybe introduce free car parking for parents with a child in special care and a designated maternity car park
- If there is a new service further away make provision for people to get there. There needs to be a reliable patient transport service.

5. Paediatric Services feedback from focus groups, interviews and comments from the survey

There was significantly less insight collected about paediatric services when compared with maternity services. This is not uncommon but it is possible it may have been impacted by the engagement being undertaken during school holidays. Many of the reflections captured relate to recent experiences of services following the temporary change.

5.1 The Clinical Case for Change

Among people interviewed, where the Clinical Case for Change was explained verbally and people could ask questions, there was a general understanding of the Case for Change and general agreement that these services should be reviewed. However, there was also a feeling that this was being driven by the changes in maternity so the Case for Change in relation to paediatric services was not as clear.

- 7 of the women interviewed understood why paediatric services were being reviewed and agreed that they should be reviewed.
- 1 woman interviewed did not understand why paediatric services were being reviewed and did not think they should be reviewed.

"What is the evidence for a change in paediatrics? Is it all about maternity?" (Survey)

"Paediatrics mainly changed as a knock on effect of maternity changes. It is not fair that children are having to face unnecessary and distressing journeys to have treatment" (Survey)

5.2 Key themes relating to the quality and safety of paediatric services

During the focus groups and the 1:1 interviews the features of an "excellent" paediatric service were explored. Additional insight was captured from the free-text comments in the online survey. The feedback has been grouped into key themes.

5.2.1 Accessibility and proximity

While people are prepared to travel for expert help, there is concern that services may not be available locally and this causes particular anxiety for parents of children with complex needs. Additionally, if a child is admitted to a hospital that is further away, there are concerns about how this will impact on other children within the family. There are also difficulties at discharge if a child is transported by ambulance and then is discharged at night.

"We have been to London before to receive treatment, and it was a hassle going there, but I appreciate that it was worth it. I also appreciate that there can't be a specialist at every hospital." (Interview)

"In terms of travelling, we are happy to travel to meet experts. We have done this in the past though and arrived and the bloods information has been lost. This is very frustrating." (Interview)

"When my child was ill, if I didn't have my parents then I would really struggle to care for my other children whilst my child was in hospital." (Focus group)

"*As far as possible, paediatrics needs to be managed locally." (Focus group)*

"If you have a child that goes to school back in the area you live then you would have to travel back with them each day." (Focus group)

"Paediatrics is a massive issue, and because of this there has been big stress put on people. My daughter needed the care and she wasn't getting it. We got offered Pembury and this was too far." (Focus group)

"My child still has nightmares due to the transfer that took place." (Focus group)

"I had to be taken last night with my six month old son in an ambulance to Hastings. Couldn't fault the staff but then had the worry about getting home as my partner doesn't drive and I'd also had to leave two other children at home. Luckily after a major panic I found someone to collect us but this isn't always going to be the case. And they also told me funding for transport home has also been stopped." (Case study interview)

5.2.2 Communication

Participants shared their frustration about a perceived lack of joined up working and communication both between clinicians and between clinicians and parents, although this is not always the case. This has an impact on people's confidence in the service received.

"Every time a new paediatrician came on duty they had a different approach and disagreed with the previous consultant." (Focus group)

"The consultants didn't read the notes, they just asked us all the same questions each time we saw someone new." (Focus group)

"The communication isn't working. If there was an effective partnership between the two hospitals this would be a lot better." (Focus group)

"We saw three different paediatricians at the Conquest. They all worked really well together" (Focus group)

5.2.3 Increased and stable staffing levels

Service users reflect that when there are insufficient staffing levels or over-reliance on agency staff this does impact on the experience of patients and their confidence in the service they receive. There is recognition that quality and safety are, in part, determined by staffing levels.

"It's good as it is but there needs to be more staffing." (Interview)

"Overall I am very happy with the service as I know they would help if they can. However, they are very stretched in terms of staffing." (Interview)

"There were a lot of bank staff at the hospital and they didn't know our cases. The two doctors that diagnosed our children were both bank staff. If you don't have to rely on bank staff then the finances come down massively." (Focus group)

"My child had appendicitis. The staff were fantastic, but you could tell they were busy as there were no niceties conversationally." (Interview)

5.2.4 Suggestions for future service design

The people that took part in these discussions also offered practical ideas about how some of the challenges currently experienced could be addressed or the impacts lessened. These include:

- *Change the short stay paediatrics model where there are less critical services provided locally to a 23 hour unit. It's not the long-term solution though. You can't find a solution until you look at the big picture.*
- *There should be a bright, colourful child-appropriate area and environment. A separate waiting area for children would also be a good idea. It's also paramount that there are experienced paediatric staff.*
- *Consider the US model where children have a paediatrician not a GP.*
- *Increase access to trusted information and advice within the community. It isn't always necessary to go to the hospital but you do need reassurance and to be told what you need to do.*
- *Learn from best practice elsewhere - Being more accessible. At Evalina in London, they have 'outreach sisters', who are the point of contact between the parent and the consultant. There is a contact number you can call. They also respond in a timely way, and have good communication. They will speak to the school and do other things. Locally this service isn't set up.*

6. Next steps

The next phase of engagement is patient and public input into identifying the opportunities and challenges presented by different potential delivery options. This will inform the options put forward for potential formal consultation.

A full engagement plan for potential formal consultation is in development and a reference group is being established to inform the approach.

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Title of report	"Better Beginnings", developing options for sustainable maternity and paediatric services in East Sussex
Purpose	To provide the East Sussex HOSC with an update on the process of developing sustainable maternity and paediatric services in East Sussex
Authors	Catherine Ashton, Associate Director of Strategy and Whole Systems, EHS and H&R CCGs and Sara Geater, Head of Community Relations, EHS, H&R and HWLH CCGs.
Date	For discussion at the East Sussex Health Overview and Scrutiny Committee on 21 November 2013

1. Introduction

Since the paper provided to the East Sussex Health Overview and Scrutiny Committee (HOSC) on 12 September 2013, the following progress has been made in the "Better Beginnings" review of maternity and paediatric services in East Sussex.

2. Analysis of phase 1 of the engagement programme

The initial phase of the engagement programme has concluded. The aim of the activity within this phase was to raise awareness of the Sussex Clinical Case for Change for maternity and paediatric services, seek insight into recent experiences and capture people's aspirations for future service delivery options. The draft report was shared with the HOSC task group and their comments have been incorporated into the final document; this is attached to this paper as an appendix.

3. Phase 2 of the engagement programme

The engagement team has begun work on the next phase of the programme, and they are holding a number of focus groups across the county, alongside telephone interviews to explore the ways in which maternity and paediatric services might be delivered. This will help to understand the impact that these may have, and to identify the opportunities and challenges that these may bring in order to inform the development of delivery options. In addition, the engagement team is asking service users for their opinion on what issues should be taken into account when considering the location of services.

4. Draft models of care

The development of the models of care for maternity and paediatric services in East Sussex have been drawn from the standards agreed in the Sussex-wide (NHS Sussex Collaborative) clinical consensus. This was clinically led and included East Sussex GPs and ESHT clinicians.

The models have been further tested through sharing with all East Sussex GPs, with clinicians from East Sussex Healthcare NHS Trust (ESHT), and with clinicians from surrounding areas, via the clinical networks. Feedback opportunities included two GP seminars and an online survey as well as direct feedback to clinical leads or the programme manager. The seminars yielded poor attendance and, as a result, the CCG clinical leads for the programme have adapted their approach to ensure full GP engagement through direct email to all GPs requesting a response from each practice, indicating agreement of the draft models of care or offering feedback. To date, feedback has been largely positive, with some suggestions for amendments or additional standards.

5. Progress on developing options

A complete list of potential delivery options was created using a permutations calculator. This list was quickly reduced to 21 potential delivery options for Maternity and eight potential delivery options for Paediatrics, by excluding options that were easily identifiable as undeliverable or unfavourable. For example; options that would leave no Paediatric service in East Sussex, or options that did not provide women with the choice of giving birth in either an obstetric-led or midwife-led setting. The clinically-led working group is reviewing a range of information and evidence with regard to the deliverability of the remaining options, and with regard to how well they meet the agreed models of care. East Sussex GPs have also been invited to offer their clinical insight with regard to the ways in which the services could be delivered. This process will enable the CCGs to ensure that options that may be taken forward to potential public consultation are able to deliver the quality and safety standards they wish to secure as part of their commissioning intentions.

6. Pre-Consultation Business Case (PCBC)

A PCBC is currently being developed, which will be presented to the Governing Bodies of the CCGs in December 2013. The PCBC will outline the clinical case for change, describe the review process, and explain the information and evidence assessed as part of the review and to describe the assessment criteria that informed potential delivery options. This information will support a possible recommendation to seek approval to move to public consultation on the proposed options for future service delivery that meet the CCGs' commissioning intentions with regard to high quality, safe services that meet the agreed models of care.

7. Health Gateway Review .Strategic Assessment November 2013

A Health Gateway Review is being undertaken at the end of November 2013.The primary purpose of the independent Health Gateway review is to examine the outcomes and objectives for the programme and confirm that they make the necessary contribution to government, departmental, NHS, or organisational overall strategy.

8. Next Steps

In considering the long term future of maternity and paediatric services in East Sussex, the CCGs will continue to reflect on the outcomes from second phase of the engagement programme and ensure that this informs the development of the delivery options.

The CCGs will continue to work closely with providers in the coming weeks in developing a range of delivery options that will be tested against appraisal criteria to ensure that these options will deliver the agreed standards of care. These options will then be discussed with the HOSC to confirm if the service change proposals constitute substantial variation and would therefore require formal consultation with the HOSC and a formal public consultation.

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November 8th 2013