

Maternity Services in Brighton and Hove

1. Purpose of this Paper

This paper highlights a range of issues identified as of interest to the HWOSC and is intended to provide assurances on the following areas, in particular:

- Home births
- C –sections
- Implications of activity transferring due to the temporary closure at Eastbourne
- Patient and user engagement

2. Introduction to Brighton and Hove Maternity Services

In 2012/13 there were a total of 3,366 deliveries in Brighton and Hove. The number of births per year in the city is projected to be relatively stable over the next decade at 3,300 births.¹ This compares with a projected increase of 3% in England but a projected fall in the South East of 3%.²

Maternity Services in Brighton and Hove are provided by Brighton and Sussex University Hospitals Trust (BSUH). There is an Obstetric Led Unit (OLU) at the Royal Sussex County Hospital site (RSCH). There are plans for a Midwife Led Unit (MLU) or Birth Centre to be co-located with the OLU but this is not likely to be available until 2015. Women can also choose to have a Home Birth and locally these currently account for about 5% of births.

3. Performance and Activity Highlights at Brighton RSCH Site

Table 1 – Data from BSUH Maternity Dashboard Averages April – Sept 2013

Area	Description	Local Performance	National Standard / Target
Workforce	Midwife / Birth ratio	1:32	1:30
	1:1 Midwife care in labour	98%	100%
	Consultant presence	60 hrs	60 hrs
Deliveries	Home Births	5.2%	2.3%*
	C – Section Emergency	14.6%	13%
	C – Section Elective	12.8%	10%
	C- Section Total	27.3%	23%
Public Health	Breast Feeding Initiation	87%	85%
	Smoking at Birth as a % of births	6.5%	12.7%*

* Current available averages for England

BSUH complete a monthly Dashboard that provides a comprehensive range of indicators on Maternity Care. The above is a sub set of these for the first half of 2013/14. Please note that averages are presented and that this can hide a significant month by month variation particularly in c –sections.

¹ ONS registered birth figures for 2010 & projections for 2020

² ONS sub national population projections (2010 based) <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Sub-national+Population+Projections>

Performance has improved steadily in the last 2 years against the Key Performance Indicators highlighted above. A recent extra investment in Midwifery posts by BSUH has seen an improvement in the Midwife: birth ratio, bringing it down from the previous level of 1:34 to 1:30 in the last 3 months. It will also impact on the homebirth rate as a 24/7 Home Birth Service has been implemented. The proportion of home births has consistently been higher than the national average but has seen a gradual decline from it's highest at 9% (2010) to 3.3% (2012). The new model of care introduced in May 2013 has already seen an increase and its' peak month so far was up to 6%.

In addition, capital investment to improve the environment has just been completed to provide en suite facilities in the Labour ward.

4. Caesarean section rates (C- Sections)

C sections births are the most complex type of delivery and represent the largest drain on resource, both financial and personnel.

C-section rates in England have increased considerably in the past two decades. In 1989, the caesarean section rate in England was 5% by 2004/5 it was 22.7% (RCOG 2001; NS 2006).

Individual Maternity Units' C-section rates vary enormously across England. In 2007, the average rate in England was around 24% but the range was between 14 – 33%. Respected studies have found that just over one third of all of this variation can be explained by case mix differences of mother's age, ethnicity, number of previous caesarean sections and vaginal deliveries, gestation, mode of onset of labour, presentation and birth weight. It is not clear whether the rise is due to changes in practice, demography or patient choice.

Brighton and Hove has had a higher than average c- section rate for a number of years, peaking at 32% a number of years ago, it has very gradually reduced to its' current average of 27% (compared to the England average of 25%).

The Normalising Birth Programme was launched across the South East Coast in 2010 with an aim to reduce the c -section rate to 23%. The methodology was to encourage multi professional, collaborative working and optimise the opportunities to increase the normal birth rate, through identifying, adopting and promoting best practice. The focus was on Women in their first pregnancy and labour and Women who have had a previous C-section. These two groups contribute the largest proportion of patients to overall c -section rates.

The CCG have identified as a priority in 2014 to undertake an audit of the c- section rates at RSCH, working with clinicians and parent representatives from the MSLC to understand in further detail the choices women are making for elective c- sections.

5. Public and Patient Engagement and Feedback

There is a very dynamic user – led Maternity Service Liaison Committee (MSLC) funded by the CCG. It works closely with local parents, maternity staff and commissioners to ensure that there is continuous feedback and dialogue about maternity services. A work plan is agreed and monitored at bi monthly meetings with around 20 members, where a crèche is provided. However, much of the work of the MSLC continues outside of the official meetings:

- parents' feedback is collected through the 'Walk the Patch' programme on the postnatal ward, antenatal clinics and in the community;
- via the website: www.brightonandhovemslc.com;

- and via parent representatives meetings.

The MSLC Chair passes feedback immediately onto service providers / commissioners and meets regularly with the head midwives and obstetricians.

BSUH also collate patient feedback through *Patient Voice* which is a questionnaire handed to women on the post natal ward. Birth stories, is a service offered by specially trained Midwives to meet with women who want to discuss their birthing experience. The Friends and Family Test is about to be introduced throughout the maternity pathway.

Maternity is an area where user feedback and engagement works really well and provides a rich source of intelligence that is constantly fed in to the system, providing a 2-way dialogue.

A recent exercise across Sussex collating all of the forms of user feedback illustrated seven common themes: *continuity of midwife; relationships with midwives; concerns about postnatal care; poor practice in sharing information; consistency of information; concerns about privacy; Choice.*

In addition to these broad themes user engagement continues to highlight specific concerns, ranging from poor quality food and issues with cleanliness.

6. The Sussex Context

There are three Trusts across Sussex providing maternity services across 8 locations:

Table 2: Trusts and Sites across Sussex

Trust Maternity Site	Deliveries 2011/12
West Sussex Health Trust	
• St. Richards	2771
• Worthing	2851
Brighton & Sussex University Hospitals Trust	
• Princess Royal	2422
• RSCH	3587
East Sussex Hospitals Trust	
• Eastbourne	1949
• Conquest	1804
• Crowborough	Data not available

Sussex wide work to consider the long term sustainability of obstetric units in the light of Royal College standards with regards to consultant presence and midwife ratios was initiated by NHS Sussex in 2012. Clinical leads across Sussex have recently agreed the following consensus statement:

There is a threshold of 2500 births per year, below which the sustainability of the service should be scrutinised more closely due to the additional challenges of maintaining safety and quality. The most efficient size unit is in the region of 4000 to 5000 births per year.

7. Temporary Closure of the Eastbourne Unit

East Sussex Healthcare NHS Trust (ESHT) confirmed that following a visit by the NHS Clinical Advisory Team a number of co- dependent services in women and children's health would be reconfigured in May 2013. For Maternity this meant the

removal of Obstetric-led care in labour from Eastbourne District General Hospital (EDGH) and the institution of a midwife-led birthing unit. Given the consensus statement above, there has been clinical support for this action.

BSUH and ESHT have worked very closely together to anticipate the activity flows in relation to this temporary closure and develop robust plans to ensure women are safely transferred and supported during this change. BSUH have based their plans on the upper end of the anticipated activity range to ensure the activity can be accommodated should it materialise. This has included a phased recruitment of additional midwives and advancing design work to expand the physical capacity of both the RSCH and PRH sites.

There are high level monthly conversations across the local health economies in East Sussex and Brighton and Hove to discuss any new issues that arise and anticipate any further mitigating actions that may be required. Monthly data reports allow us to monitor actual activity against anticipated. To date, whilst the number of births are not as high as anticipated (April – August 50 extra compared to the same period in 2012) the number of women booking with BSUH at 12 weeks is steadily increasing. Close monitoring will continue to ensure that women are cared for safely and capacity is in place to manage this. Choice is such an important issue in maternity that close monitoring will be crucial to ensuring responsiveness.

Brighton and Hove CCG will also continue to monitor all maternity key performance indicators for our local population and work with our MSLC to ensure that local women continue to have a positive and safe experience of maternity services.

Kathy Felton 23/10/2013