Review of the North West London maternity and neonatal service transition of July 2015

Summary report
March 2016
Executive summary

To improve the quality of care for mothers and babies across North West London, maternity services in the region underwent significant change in July 2015, including the closure of Ealing Hospital’s maternity unit and development of community services. These clinically-led changes were essential to: respond to the increasing number of women with complex health needs during pregnancy; provide consistent high-quality maternity care by concentrating staff, expertise and resources in fewer centres and; increase the number of midwives and the hours of senior consultant cover.

This maternity review has found that the changes have been made safely and patients are now seeing improvements to their care.

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

This report considers how the change has been managed and evaluates progress made on the expected the benefits. The report sets out key recommendations where further work is needed and where lessons of best practice should be shared with the wider NHS.

Maternity care in NW London will continue to be developed and monitored closely and a further review will be made in 2017.

778 women booked into Ealing all safely transferred to alternative delivery unit

10% increase in women giving birth in midwife led units

100 more midwives recruited for NW London

94% of women receive one to one midwife care during active labour

122 hours of obstetric cover on delivery wards every week (on average)

72% of women felt they had enough information about where they could choose to give birth and 74% felt they had enough information about travel
Chapter summary

Chapter 1: Context

The maternity changes – or transition - were made as part of the clinically led Shaping a Healthier Future (SaHF) programme to improve healthcare for the two million people across NW London.

There were three primary reasons why maternity services needed to be changed:

- there are an increasing number of women with complex healthcare needs during pregnancy in NW London
- maternity units in NW London need to provide consistent high-quality, safe care, in line with the London Quality Standards. This could only be achieved by having fewer units to better concentrate staff, expertise and resources
- the need to increase the number of midwives so that one to one (1:1) midwife care in labour can be achieved for 100% of women and to assist maternity units in moving towards 168 hours of consultant presence on delivery wards each week.

There are 19 clinical aims outlined for the transition of which 14 clinical aims have already been met. Progress has been made with the remaining five and work continues to deliver them in full. This is explored further throughout this report.

The 2016 national maternity review

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

The changes in NW London are aligned with this national vision meaning NW London is already delivering the majority of the standards of care outlined in the review.
Chapter 2: Transfer of women

In total, 778 women who were booked to deliver their babies at Ealing Hospital after the planned closure date of its maternity unit needed to be re-booked to a new delivery unit. Of those, just 15 did not get their first alternative choice.

All the women were transferred safely with no clinical incidents or concerns raised and by the end of January 2016 all had given birth.

Chapter 3: Maternity model of care

3.1 Early pregnancy care
Nationally, the aim is for all pregnant women to be booked into their chosen birth unit by the 12th week of pregnancy. Improvements in NW London mean we are meeting this and are now aiming to have women booked in before their 11th week of pregnancy.

As part of the changes, a Maternity Booking Service (MBS) was set up to manage demand and capacity centrally. The primary purpose is to assist women who are not able to get their first choice of maternity unit. Since October, all women have received their first choice.

3.2 Antenatal care
Women in Ealing now have more consistent community midwifery as midwives from West Middlesex, Northwick Park, St Mary’s, Queen Charlotte’s and Hillingdon hospitals are now providing antenatal clinics in 18 locations across Ealing, primarily through children’s centres and health centres. This means women in Ealing are able to see midwives from the same team throughout antenatal, birth and postnatal care.
St Mary’s, Queen Charlotte’s, West Middlesex, Northwick Park, and Hillingdon Hospitals also run antenatal clinics out of Ealing Hospital. Women can also request some antenatal and postnatal care in their own homes.

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

However, many of the clinics in the community in Ealing are not being well used, including a low uptake of scanning appointments which are still available at Ealing Hospital for some women. A maternity diabetes clinic remains at Ealing Hospital but also has seen low uptake.

A significant amount of extra capacity was built into the system to ensure women could get an appointment where they requested. However, it is unclear whether women are choosing to go elsewhere as a preference or whether they are not being made aware that local clinics are available.

3.3 Care in labour and at birth
Women who deliver on a midwife-led unit have a lower risk of unnecessary intervention. There is now a midwife-led unit alongside every obstetric unit in NW London, including two new midwife-led units developed as part of these changes, giving women more choice in where they give birth.

There has been a 10% increase in women giving birth in midwife-led units since the changes were made, with 15% of all deliveries in NW London now taking place in a midwife-led unit.
A key focus of the changes was to improve midwifery staffing across NW London to meet the London Quality Standards’ minimum staffing ratio of one midwife to thirty births (1:30). Prior to the changes, only Northwick Park was meeting that standard.

All 88 midwives working at Ealing Hospital were transferred to other maternity units within NW London, and over 100 more midwives were recruited to the area as a result of the changes.

This has meant that, as well as Northwick Park, Chelsea and Westminster, Queen Charlotte’s and St Mary’s hospitals have all now managed to achieve the 1:30 standard. West Middlesex has improved but the ratio at Hillingdon Hospital has remained unchanged.

In line with the London Quality Standards, NW London is working to make sure that women receive one-to-one care from a midwife while they are in active labour. All hospitals have improved with the exception of St Mary’s and Queen Charlottes were performance has decreased. Current figures show that 94% of women receive one-to-one care, which is the same as the average prior to the changes.

The London Quality Standard for consultant cover is for 168 hours of consultant presence on delivery wards every week (i.e. consultant presence 24 hours a day 7 days a week). Prior to the change, Ealing Hospital was achieving 60 hours of consultant cover – lower than all neighbouring hospitals. NW London set out to achieve 123 hours in 2015/16 and is on track to achieve that target with five out of six hospitals now providing more obstetric consultant-led care than they did before the changes.

To ensure the benefits of the changes are being realised, trusts are reporting against a set of quality metrics each month which are being monitored by the NW London Clinical Board.

3.4 Postnatal care
As part of the changes, trusts worked together to review their catchment boundaries for maternity care to help improve continuity of care. Before the changes, 42% of women had their postnatal care provided by a different hospital trust to their antenatal care. This has now reduced to 21%, meaning more women are seeing improvements in the continuity of their care as a result of the changes.

One major development in clinical care is the implementation of ‘transitional care units’. These units provide the additional support that some babies require, whilst allowing mother and baby to remain together on the postnatal ward.
There has also been an improvement in breastfeeding initiation rates in every unit except for Northwick Park and West Middlesex hospitals. Queen Charlotte’s and St Mary’s have introduced a community breastfeeding support service and Hillingdon has a new feeding coordinator for infants.

As part of the changes, it was agreed to develop mental health care relating to pregnancy and birth. Recruitment for staff is now complete and the perinatal mental health service is now being piloted.

Chapter 4: Demand on maternity services

Planning for the changes include 3000 expected deliveries moving from Ealing Hospital. This is 500 more deliveries than Ealing Hospital saw on average, building in capacity for potential population increases. As expected, the majority of women from around Ealing Hospital have chosen to book at West Middlesex or Hillingdon hospitals.

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

Chapter 5: Interdependent services

5.1 Neonatal services
The unit closed safely on 29 June 2015 with no babies in the unit at the time of closure that required transfer.

As a result of these changes, 15 neonatal cots were put in place at the other hospitals in NW London, which includes the cots reassigned from Ealing Hospital.

All twelve neonatal nurses working at Ealing Hospital were able to transfer to their first choice of hospital and are settling in well.

While the average numbers of transfers within NW London have not changed, there has been an increase in transfers to other networks due to lack of intensive care capacity for babies needing surgical care. However, Ealing Hospital did not previously this level of care, therefore this increase in demand is unrelated to the closure at Ealing.

5.2 Emergency gynaecology service at Ealing Hospital
Ealing Hospital continues to provide planned inpatient and outpatient gynaecology services on-site. It also now provides new emergency gynaecology services to support the emergency department at Ealing Hospital. These included an enhanced gynaecology emergency clinic at Ealing Hospital during the week, incorporating an
early pregnancy assessment unit, and an emergency gynaecology clinic at the weekend.

All the early pregnancy assessment units across NW London have seen average numbers of attendance increase, including at Ealing Hospital, following the transition.

Chapter 6: Women’s experience

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

6.1 Information and materials

- 76% said they had received information about hospital choices and travel
- 63% received this in the post
- 55% received this from their midwife
- 72% felt they had enough information about where they could choose to give birth and 74% felt they had enough information about travel
- 10% said they would have liked more travel information on parking and travel by car
6.2 Travel to access care

Only 45% said their midwife asked about their travel plans when they had their care moved.

A quarter felt less able to get to appointments on time after they were moved. Some women did highlight an increase in travel time – especially where public transport was involved.

68% said the change did not make it harder for them to attend their antenatal appointments.

6.3 Overall experience of care

59% felt supported through the transition but 26% did not.

Once under the care of their new unit 79% were happy with the care they received.

6.4 Experience of women living in Southall

Thirty three women from Southall completed the experience survey which is a third of all respondents.

- under the care of their new units most women (75%) were happy with the care that they received.
- 75% agreed they had received enough information about other hospitals where they could choose to give birth.
- 78% indicated they received enough information about travel.
- However a larger percentage of Southall women indicated that it had become harder for them to attend their antenatal/postnatal appointments on time, 36% compared to 19% of the overall survey respondents. This could be driven by the fact that only 28% of the Southall women indicated that they received antenatal or postnatal care locally from a children’s centre or health centre.
Chapter 7: Staff experience

7.1 Approach to staff transfers
The priorities for staff focussed on retaining skills and knowledge within NW London as well as increasing the overall number of midwives in the area. There were no redundancies, or resignations, as a result of transition and training bursaries were provided to staff transferring to another unit.

However a change in date of transition – and a period of uncertainty around that date – did have a negative impact on staff morale.

Whilst vacancy rates in midwifery continue to be a national issue, significant improvements have been made in NW London as a result of the transition. In total, an equivalent of 100 additional full time midwives were recruited.

7.2 Clinical leadership
Strong relationships were forged between clinical leaders as the heads of midwifery from all trusts came together on a regular basis to implement the changes. This combined expertise has been instrumental in driving up clinical quality. Community midwifery leads continue to meet weekly to review and refine care provision as appropriate.

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

Most midwives spoken to from Ealing did not find the transition straight forward and raised issues around the uncertainty of the closure date and the speed of the transition. There was a divide between these midwives over the effectiveness of communications to them, with some receiving information from many sources and others saying they hadn’t received any personal communications. Equally there were varying issues around travel, with some finding their commute shorter whilst others experienced longer journeys. The majority of midwives had now settled into their new jobs well.

A number of midwives commented that they felt their workload had increased post-transition and raised issues associated with this. The majority of the midwives at the focus groups felt that the level of care they were individually providing had remained the same. As has been highlighted in other areas of this report, quality indicators have indicated that the cumulative effect of all the changes have meant that levels of care have improved.

7.4 Midwifery trainees
Midwifery trainees commented on the positive aspects of moving from Ealing Hospital and felt they were able to make informed choices about which units to transfer to.
7.5 Obstetrics and gynaecology postgraduate medical trainees
Six obstetrics and gynaecology postgraduate medical trainees based at Ealing were matched to an alternative hospital in line with their normal cycle of rotations and no trainees failed to meet their annual competencies as a direct result of the transition. A survey to all obstetrics and gynaecology trainees in NW London found a general feeling that workload had increased but there was a split view on whether this increase in workload has positively or negatively impacted their training.

7.6 General Practitioners (GPs)
A survey to GPs also went out across four boroughs with 21 practices responding.

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

Best practice learning and recommendations can be found in chapter 8 of the full report which is available online:

https://www.healthiernorthwestlondon.nhs.uk/documents/maternity
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