Maternity Networks (East Sussex Downs and Weald and Hastings and Rother PCT)

1. Purpose and structure of the paper

The main purpose of this paper is to report back to the PCT Boards on the progress that has been made by the Maternity Services Development Panel and Maternity Services Clinicians Forum in exploring the suitability of a network model for East Sussex. The structure of this paper is as follows:

- **Section 2:** Presents the background to the IRP recommendation on developing a model that retains consultant led services across the two hospital sites. This section also examines the wider key drivers for change and policy context within which networks are evolving across the country.
- **Section 3:** Provides a summary of the outcomes from the discussions held at the last Maternity Services Development Panel and recommendations that were presented to the panel by the Clinicians Forum.
- **Section 4:** Provides a summary of existing networks in Sussex and introduces a definition of a managed network.
- **Section 5:** Provides good practice case examples of managed networks, setting out Terms of Reference, scope and broad principles (which could be adapted).
- **Section 6:** Sets out the possible next steps in taking a network model forward.

2. Background

The Independent Reconfiguration Panel (IRP) published its report on the proposed changes to maternity, gynaecology and special care baby services in East Sussex on September 4th 2008. The report made clear recommendations for ensuring the delivery of safe, sustainable services in East Sussex including:

- To improve antenatal and postnatal care and associated outreach services
- To retain consultant-led maternity, special care baby, inpatient gynaecology and related services across both sites. This included working with stakeholders to develop a local model offering choice to

services users, which will improve and ensure the safety, sustainability and quality of services.

The overarching aim for reorganising services is to improve the quality of service, concentrating on safety and working towards better outcomes and satisfaction, for all women and their babies. Maternity Matters and the RCOG paper on Maternity Services, future of small units, both recognise the range of pressures on existing services and drivers for change as follows:

- Maternity services must be appropriate for the 21st century and meet the needs of women and families
- Women and their partners want services that reflect their views and expectations
- Implementation of choice may increase the demand for homebirth and midwifery care
- There is a need to empower midwives to promote normal birth
- The changing profile of women who become pregnant has increased the number of women who may be considered high risk
- There is evidence that women with risk factors or complications may need expert care at any time of the day or night and that that care may be highly specialised
- Shorter working hours imposed by the WTD which significantly affect maternity services because there can be no cross-cover from another medical specialty
- Shorter working weeks can also make it more difficult for trainees and consultant obstetricians to obtain and maintain their skills to an appropriately high standard
- Ensuring financial affordability and value for money for the taxpayer
- The Public Service Agreement target to reduce infant mortality and childhood obesity
- Increasing demand for capacity as a result of the increasing birth rate
- Choice gives providers the opportunity to increase capacity to provide maternity services to women from outside their area.

Case for networks

The importance and value of managed networks has been identified by Maternity Matters, the Children's and Maternity National Service Framework. Networks allow for sharing of common pathways of care as well as managing capacity in a more efficient manner.

Reorganisation gives local managers the chance to develop local services that are fit to deliver 21st century care, and in different locations. Antenatal and postnatal care may be provided in community settings such as Sure Start Children's Centres but care that is more complex may be provided in a hospital within a local network. Reorganisation can offer the opportunity, using the existing infrastructure, to redesign services, which are responsive, flexible and meet the needs of the population, both as a whole and as individuals.

Networks provide the potential for hospital and community services to be more integrated and for resources to be deployed in a more efficient and equitable way. Aligning services within a network can help to reduce inequalities in service

provision and focus on those families that have the potential to be socially excluded e.g. teenage mothers. Sustainability of services and affordability are key to reorganisation issues.

3. Outcomes from the Maternity Services Development Panel

At the first meeting of the Maternity Services Development Panel (MSDP), held on 8th January 2009, Mike Wood (Chief Executive) gave a presentation on network models. The MSDP asked the Clinicians Forum to take forward work on this at their meeting on 12th February 2009.

The Clinicians Forum considered a number of key questions as follows:

- In assessing the efficacy of a network what criteria would you use?
- What opportunities could a network provide in meeting the following key challenges?
  - Consultant hours
  - European Working Time Directive
  - Implementation of Maternity Matters
  - Service standards, pledges and targets
  - Maintaining consultant and clinical skills
  - Maintaining effective training for all clinicians
- What would be the preferred form and function of a network
- Set out the pros and cons associated with each model
- Broadly define the scope of a network
- What would/could be the benefits associated with any reconfiguration that may arise as a result of the network
- Summarise the above into recommendations to go to the Maternity Services Development Panel

The outcomes from the work undertaken by the Clinicians Forum were positive towards a network model. The key messages from the Clinicians Forum to the Maternity Services Development Panel were that:

- Further work will need to be undertaken by Clinical sub groups into the scope and viability of a network model for East Sussex (incorporating training, education and workforce, review of anaesthetic services to O+G, neonatal services, midwifery and community services and consultant led services).

- The sub groups will be led by key representatives from the Clinicians Forum and will report back on progress to the next meeting of the panel.

Some of the more detailed discussion points emerging from the work undertaken by the Clinicians Forum and to be incorporated into the **next steps** included:

- Ensure that what we are putting in place is better than what we are providing now.

- Establish a clear baseline position on current services and standards. This would also incorporate mapping specialist areas and skills.

- Ensure the commitment to continuous improvement through a flexible and organic process (one that can be embedded in the provider/commissioner framework).

- Work with the providers through the IRP programme to support capacity in managing the change process and strengthening internal networks. This was seen as important in relation to buy in and ensuring self sustainability.

- Put in place clear criteria to evaluate the sustainability of the model with reference to capacity planning, skills mix and changing professional roles.

- Build an integral network linked to the operating framework for maternity services in East Sussex across the two hospital sites (Eastbourne and Hastings). Develop a looser network with Brighton and Hove but with the scope for more formal arrangements in relation to training and neonatal services.

- Ensure the scope for developing extended networks that strengthen care pathways.

- Ensure that primary care forms part of the extended or more formalised network.

- The opportunities linked to the network model were multiple including:

    - Sharing learning

    - Agreeing protocols and standards

    - Developing agreed care pathways and strengthening practice at a strategic and operational level.

    - Sharing workforce options and developing the potential for shared appointments between Trusts

    - Shared Education and Training

    - Wider access to highly specialised skills

    - Enhancing neonatal services

4. Existing networks in Sussex

Development of networks in Sussex

At the last meeting of the Maternity Services Development Panel the Chief Executive of East Sussex Downs and Weald and Hastings & Rother PCTs' gave a presentation outlining the local context, drivers for change and possible network models. The Clinicians Forum has been asked to consider the viability of these options and identify one which may work best for the area.

It is useful to bear in mind some of the wider developments that are currently taking place around the development of Sussex wide clinical networks. The four PCTs that cover the Sussex population (East Sussex Downs and Weald, Hastings and Rother, Brighton and Hove City and West Sussex PCTs) recognise the significant contribution that clinical networks have made both in coordinating

and developing improved clinical services for patients and in advising PCTs on the strategic direction and future needs of those services.

Clinical networks currently operate within a number of specialties. These include:

- Sussex Cancer Network
- Sussex Heart Network
- Surrey and Sussex Neonatal Network

The Sussex Cancer Network (SCN) was established in 1996. It is a non-statutory organisation consisting of a set of collaborative partnership relationships and services that underpin and deliver cancer services. The relationships cut across organisational and professional boundaries, in the same way as a cancer patient's pathway. The structure needs explicit agreement because of the statutory nature of the constituent organisations involved. The formal structure enables the collaborative partnership of commissioners and providers (statutory, voluntary, patients and carers) to make collective decisions on the review, planning, and procurement of cancer services to deliver the NHS Cancer Plan to the population of Sussex.

The SCN is one of 30 cancer networks in England and one of three managed cancer networks within South East Coast Strategic Health Authority. The network covers the provision of cancer services from Rye to Worthing and Brighton to East Grinstead. It is based around the radiotherapy catchment population of the Sussex Cancer Centre (currently 970,000).

The work of the SCN includes actively seeking participation, in the development and monitoring of cancer services, from patients, carers, the voluntary sector, local authorities, the health care professionals working in the organisations above, the Brighton & Sussex Medical School, South East Coast Strategic Health Authority, Universities of Sussex and Brighton, Local and Regional (London and the old South and new South East Coast East Coast) Specialised Commissioning Groups, neighbouring cancer networks and other clinical networks in Sussex e.g. critical care.

The Sussex Heart Network is supported by the national Heart Improvement Programme. The cardiac networks have immense potential to improve the way that services are planned and delivered for both staff and patients. Bringing together clinicians, managers and commissioners the network sees the cardiac pathway as a whole and provides a powerful voice in the local health economy to enable frontline staff to secure the changes they need to deliver for their patients.

The Neonatal network operates across Surrey and Sussex. Its hub in Brighton provides a referral neonatal intensive care service for Brighton and East and West Sussex. The Trevor Mann Baby Unit is the hub of the neonatal network, which covers Eastbourne ,Hastings, Haywards Heath (Princess Royal Hospital), Crawley, Redhill and Worthing.

There are 21 cots on the Trevor Mann Baby Unit, including 8 currently designated for intensive care and 3 for high dependency.

The PCT's are committed to further exploring the development of clinical networks and would now like to further develop and support clinical networks, to expand and enhance their roles to further engage with clinicians in developing World Class Services for the population across Sussex and to inform the commissioning process. Many of the existing clinical networks have been set up on an individual basis with varying degrees of support. It is now proposed to formalize these arrangements, by agreeing terms of reference, accountability and governance arrangements.

5. Networks as a way forward

A managed clinical network can be defined as "linked groups of health professionals from primary, community, secondary and tertiary care, working in a co-ordinated manner, unconstrained by Professional, Provider or PCT boundaries, to ensure equitable provision of high quality and clinically effective services" (adapted from BMJ 2000; 321: 1152-3).

Networks provide the opportunity to break away from the traditional boundaries of primary, secondary and tertiary health care and provide scope for developing services that are more closely linked to the patient's pathway and experience of care.

Examples of networks

Mid Trent Region.

Within the Mid Trent Region, the Mid Trent Critical Care Network and Trent Perinatal Network have demonstrated the ability to provide many of the perceived benefits associated with network working. This has been achieved by the development and implementation of clearly identified organisational and communication structures allowing the involvement and engagement of a wide number of stakeholder across the whole health community. The Networks have a clear vision and yearly objectives to drive forward the development and improvement of quality services within the NHS environment. Service Improvement is integral to the work of the Networks, which enables the sharing of best practice and a whole systems approach to health care.

The introduction of "Commissioning a patient led NHS," where formal organisations are seen as primarily commissioning or providing services, has prompted the question of where networks, as virtual organisations, sit within new health care structures. Currently within the NHS East Midlands, the position of Networks is being reviewed against this commissioner/provider framework. Much of the value of the critical care networks is in working across organisational boundaries acting as a conduit between commissioners and providers.

NHS East of England, Maternity and Newborn Care, Clinical Pathway Group (a managed network)

In the East of England discussion between representatives of both the larger and smaller units reached consensus that working together could improve the management of demand within flexible catchment areas and allow a sharing of capacity problems. It was also agreed that, not withstanding the "Choice" agenda, clarity on the care offered at each unit should be given and promoted as follows:

- All units should offer safe high quality services for straightforward births and ante and post natal care to their local populations.
- The larger units should also offer safe high quality services for more complex births and ante and post natal care to the wider population where necessary.

To support this it was proposed that clinical networks between the larger and smaller units should be developed in a more formalised way. This would allow sharing of expertise between units to support care locally as well as improvements in the management of capacity. It was generally agreed that it would be helpful if the networks were formed within the existing boundaries of the neonatal networks. This would lead to the formation of Perinatal Networks within the region, bringing together maternity and neonatal services.

It was recognised that networks need to be appropriately resourced and supported if they are to work well, e.g. the neonatal networks and the cancer networks. Informal networks, whilst having the benefit of establishing closer working relationship between units for good clinical and educational outcome tend to be disadvantaged by lack of continuity.

In the East of England the focus of managed networks has been on:

- Establishment of standards for care and clinical governance arrangements
- Availability of expertise for unusual and/or challenging conditions
- Provision of safe high quality local services for straightforward antenatal and intra-partum care at home, in MLU's or obstetric units
- Sharing training and teaching programmes
- Improved management of demand within flexible catchment areas and integrated capacity planning.
- Easier two way referrals or transfers between units and from home
- Identifying areas of care that need to be targeted e.g. perinatal mental and social health issues, provision of care the disadvantaged women.

The underlying principles for the networks were described as:

- Being patient focused
- Being clinically based
- Increasing standards and quality of care
- Using shared guidelines and protocols
- Facilitating rapid and appropriate referral
- Addressing governance issues
- Being supportive

By developing the networks, the East of England perceived that pathways of care could be established to identify the best place for high risk women to be booked for delivery, yet allowing local delivery of antenatal care along agreed guidelines. For low risk women, the development of formal midwifery networks would allow increased choice for women about which unit they give birth in while having antenatal and post-natal care delivered locally.

Joint appointments or SLAs between the smaller and bigger units in special interest areas, e.g. in fetal medicine, were considered, to share expertise. This included areas such as maternal medicine where a visiting obstetric physician would provide outreach high risk maternal medicine clinics but book the women for delivery in the tertiary centre.

Trainees could also work across the smaller and bigger unit to avail themselves of the training opportunities as set out by the Advanced Training Skills Module (ATSM) requirement.

Bedfordshire and Hertfordshire Perinatal Network

The Terms of Reference for this network area (available on request) are useful for considering the scope of a managed network in East Sussex.

6. Conclusion and next steps

The next steps in taking a managed network forward were determined by the Maternity Services Clinicians Forum and Maternity Services Development Panel as follows:

- Taking forward further essential work in order to establish a baseline position on current services and the scope for improving arrangements through a managed network.
- Involving clinicians and managers in working through the detail around specific services, sustainability, risk and care pathways (across the sub groups previously described)
- Developing a vision of how the network model could work across Eastbourne and Hastings with the scope for developing an extended network with Brighton and Hove, in the first instance.
- Ensuring that all work is supported by robust risk assessment, service analysis and understanding of staffing levels, skills mix and training/education opportunities.

The sub groups will be meeting during April, May and June 2009 and will feed back to the Maternity Services Development Panel.