

Evidence supporting East Sussex HOSC referral of East Sussex PCTs' 'Fit for the Future' proposals

<i>Issue</i>	<i>Details of evidence</i>	<i>Reference – evidence source</i>
1. The divergence of clinical opinion on what configuration of maternity and obstetric services will be best for the residents of East Sussex.		
Professional Executive Committee views	<ul style="list-style-type: none"> ▪ The East Sussex Downs and Weald Professional Executive Committee (PEC) Chairman opposed the PCTs' proposals and voted against the decision on behalf of his PEC on the basis of safety concerns. 	<ul style="list-style-type: none"> ▪ HOSC minutes 28.1.08 – East Sussex PCTs
Views of consultants	<ul style="list-style-type: none"> ▪ Not all obstetricians at East Sussex Hospitals Trust are in agreement with the plans. ▪ Consultant obstetricians highlighted the need to assess risks involved in transfer between units of pregnant women and women in labour. ▪ A former East Sussex Hospitals Trust consultant obstetrician has led the development on an alternative option which maintains services on two sites and has expressed significant concerns about the safety of the PCTs' proposals. ▪ A consultant paediatrician at East Sussex Hospitals Trust has expressed significant concerns about the proposals and has presented an alternative option which maintains services on two sites. He indicated his views were shared by some of his colleagues. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 – GP view (2) ▪ HOSC papers 25.7.07 – LMC ▪ HOSC minutes 17.5.07, 28.1.08 – 'option 5' ▪ HOSC minutes 25.7.07 – paediatrician view (2)
Views of local GPs	<ul style="list-style-type: none"> ▪ A significant number of local GPs are opposed to the PCTs' proposals on safety grounds. ▪ The East Sussex Local Medical Committee (LMC) was unable to support any of the PCT's options and recommended that there should be an urgent review of the safety implications of the proposals. The LMC noted that the PCTs' consultation document 'provided virtually no details as to how safety and quality of service would be achieved'. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 – GP view (2) ▪ HOSC papers 25.7.07 - LMC
Royal College of Midwives	<ul style="list-style-type: none"> ▪ The regional representative of the Royal College of Midwives (RCM) expressed strong opposition to the proposals to HOSC. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 - RCM

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2004 Clinical Services Review	<ul style="list-style-type: none"> ▪ A Clinical Services Review carried out in East Sussex in 2004 with the involvement of clinicians concluded that the East Sussex health community should strive to retain two consultant-led units. 	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – MP for Eastbourne; HOSC minutes 7.6.07 – GP view (2); HOSC minutes and papers 25.7.07 – paediatrician view (2); HOSC minutes and papers 28.1.08 – ‘option 5’
Clinical views	<ul style="list-style-type: none"> ▪ HOSC heard evidence that clinicians and other staff opposed to the proposals did not feel at liberty to speak their views openly. ▪ PCTs recognised they received a divergence in clinical views. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 – GP view (2); HOSC minutes and papers 25.7.07 – paediatrician view (2) ▪ HOSC minutes 28.1.08 – East Sussex PCTs

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2. Evidence that longer travel times to the obstetric unit could endanger the safety of women and babies.		
East Sussex geography and infrastructure	<ul style="list-style-type: none"> ▪ The PCTs' travel data used off-peak travel times by private car, taking no account of congestion during peak hours or travel by public transport. ▪ A number of witnesses highlighted the rural nature of the majority of East Sussex and the poor road and public transport infrastructure. (East Sussex has a very low proportion of dual carriageway and no motorway.) ▪ The roads between Eastbourne and Hastings are predominantly single carriageway and well known for traffic congestion during peak times. 	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – MP for Eastbourne ▪ HOSC minutes 17.5.07 – East Sussex PCTs; HOSC minutes and papers 22.6.07 – NCT branches; Hospital League of Friends ▪ HOSC minutes 22.6.07 – Older People's Forums
Impact on women	<ul style="list-style-type: none"> ▪ HOSC heard evidence from local women that significantly increased travel times would cause inconvenience, stress and risk the safety of women and their babies. ▪ Women were concerned that there would be an increased risk of babies being born en route to hospital or delays in accessing appropriate care for women experiencing problems during labour. 	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – 'option 5' presentation; HOSC minutes and papers 22.6.07 – NCT branches ▪ HOSC minutes and papers 22.6.07 - NCT branches
Impact on babies	<ul style="list-style-type: none"> ▪ Paediatric staff expressed concern about increased risk from longer journeys to access emergency neonatal care. ▪ Paediatric staff also expressed concern about the effect of travel times on parents visiting babies in the Special Care Baby Unit and the impact this may have on breastfeeding, bonding etc. 	<ul style="list-style-type: none"> ▪ HOSC minutes 25.7.07 – Paediatrician view (1) ▪ HOSC minutes 25.7.07 – Paediatrician view (1)
Deprivation	<ul style="list-style-type: none"> ▪ Longer travel times will have a disproportionate impact on women from more deprived households, particularly those without access to a car or on a low income. ▪ People in deprived areas are far less likely to attend appointments in distant hospitals – this may deter people from seeking timely treatment. ▪ Women in deprived areas are already likely to book later in pregnancy. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 – GP view (2); HOSC minutes 25.7.07 – Paediatrician view (1) ▪ HOSC papers 17.5.07, 'option 5' document ▪ HOSC papers 17.5.07 – maternity needs ass'ment

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3. Evidence that the distance of the midwife-led unit from the consultant-led unit could create undue risk to the safety of women and babies and questions over whether this is the best configuration for midwife-led care.		
Ability to predict complications	<ul style="list-style-type: none"> ▪ HOSC heard evidence that, whilst many risks can be identified prior to or during early labour and higher risk women transferred to an obstetric unit, it is clear that not all risk can be foreseen and unforeseen emergencies will occur. ▪ Evidence from a UKOSS study on haemorrhages identified two main factors in adverse outcomes – the fact that even low-risk women can haemorrhage, and delay in accessing appropriate care. 	<ul style="list-style-type: none"> ▪ HOSC minutes 7.6.07 – GP view; HOSC minutes 22.6.07 – MLU manager ▪ HOSC minutes 28.1.08 – ‘option 5’
Time taken for transfers	<ul style="list-style-type: none"> ▪ A statement by the President of the Royal College of Obstetricians and Gynaecologists (RCOG) indicates that transfers from stand-alone midwife-led units should take place within 20-25 minutes. Lord Darzi has cited transfer times of 10-15 minutes based on advice from RCOG. NICE guidance cites 30 minutes as a benchmark ‘decision to delivery’ interval for emergency caesarean section. ▪ Evidence from the South East Coast Ambulance Service computer aided dispatch system showed an average journey time for the 21 mile journey between the two hospitals of 35 minutes, which did not include preparation and receipt time at either end of the journey. ▪ Witnesses expressed concern that the journey times between the two sites would mean transfers could not take place within the guideline timescales and therefore create risks for women and babies. <p>▪ The successful Crowborough birthing unit makes transfers to a range of local hospitals in line with women’s preferences. However, in urgent cases, transfers are made to the nearest unit which is 11 miles away and can be accessed within 30 minutes.</p>	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – ‘option 5’ presentation; HOSC minutes 28.1.08 – ‘option 5’ ▪ HOSC minutes 17.5.07 – South East Coast Ambulance Service ▪ HOSC minutes 7.6.07 – GP view (2); HOSC minutes 7.6.07 – RCM; HOSC minutes and papers 22.6.07 – NCT branches, Hospital League of Friends, Older People’s Forums ▪ HOSC minutes 28.1.08 – ‘option 5’
Access to special baby care	<ul style="list-style-type: none"> ▪ Paediatric staff expressed concern about increased risk from longer journey times, particularly in terms of transfers from a midwife-led unit. 	<ul style="list-style-type: none"> ▪ HOSC minutes 25.7.07 – Paediatrician view (1)

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4. A lack of convincing evidence that patient outcomes will be improved with a single site configuration for consultant-led care.		
Lack of data on outcomes	<ul style="list-style-type: none"> The PCTs recognised the lack of detailed outcomes data by which to monitor the quality of maternity services and the need to develop more sophisticated outcomes measures. 	<ul style="list-style-type: none"> HOSC minutes 17.5.07 – Maternity Needs Assessment
High standard of current services	<ul style="list-style-type: none"> The current services have attained Clinical Negligence Scheme for Trusts (CNST) level 3 status. Perinatal mortality and adverse outcomes statistics are in line with national averages. Local women are satisfied with the service and rate the units highly. 	<ul style="list-style-type: none"> HOSC minutes 17.5.07 – ‘option 5’, Maternity Needs Assessment; HOSC minutes 22.6.07 – East Sussex Hospitals Trust HOSC minutes and papers 22.6.07 – NCT branches
Lack of evidence on quality and safety of care	<ul style="list-style-type: none"> The East Sussex Local Medical Committee (LMC) noted that the PCTs’ consultation document ‘provided virtually no details as to how safety and quality of service would be achieved’. 	<ul style="list-style-type: none"> HOSC papers 25.7.07 – LMC
Lack of evidence that outcomes will be improved	<ul style="list-style-type: none"> Research commissioned by HOSC from the Office for Public Management (OPM) concluded that there is no consensus nationally on whether larger obstetric unit deliver better outcomes per se. 	<ul style="list-style-type: none"> HOSC papers 25.7.07 – OPM report
Maternity strategy	<ul style="list-style-type: none"> As a condition of their decision, the PCTs agreed to establish a maternity strategy group from January 2008 to develop a maternity strategy for adoption by the PCTs in summer 2008. This strategy was not in place prior to consultation. 	<ul style="list-style-type: none"> HOSC papers 28.1.08 – East Sussex PCTs

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5. Evidence that there may be a reduction in women’s choice owing to the coastal location of both sites, the population distribution in East Sussex and the proposed configuration of services; all of which may be compounded in areas where there is significant deprivation.		
Reduction in choice	<ul style="list-style-type: none"> ▪ The loss of a consultant-led obstetric service is viewed by local women as a significant reduction in choice. ▪ Evidence from local National Childbirth Trust branches and the Maternity Services Liaison Committee (MSLC) User Group indicated that women prioritise a choice of location for birth and value a local consultant-led unit. Women would welcome a midwifery-led unit as an additional choice but not as an alternative to consultant-led care. 	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – MP for Eastbourne; HOSC minutes 7.6.07 – GP view (2); HOSC papers 17.5.07, ‘option 5’ document ▪ HOSC minutes 17.5.07 – MSLC; HOSC minutes 22.6.07 – NCT branches
Impact on home births	<ul style="list-style-type: none"> ▪ Evidence from local National Childbirth Trust branches indicated that local women would be less likely to choose a home birth without the ‘back-up’ of a consultant-led obstetric unit nearby. This jeopardises the PCTs’ aim of increasing choice. 	<ul style="list-style-type: none"> ▪ HOSC minutes and papers 22.6.07 – NCT branches
Impact of deprivation	<ul style="list-style-type: none"> ▪ HOSC heard evidence that, whilst there is certainly significant deprivation in Hastings, there are also significant pockets of deprivation in Eastbourne and its surrounding area (e.g. Hailsham). ▪ Women from these areas would be disproportionately affected by loss of local access to consultant-led care due to low car access and additional travel costs. 	<ul style="list-style-type: none"> ▪ HOSC minutes 17.5.07 – MP for Eastbourne; HOSC minutes and papers 17.5.07 – Maternity Needs Assessment ▪ HOSC minutes 28.1.08 – East Sussex PCTs

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6. Evidence that possible alternatives which could maintain services on two sites may not have been fully explored and considered.		
Involvement of proposers of alternative options	<ul style="list-style-type: none"> ▪ The proposers of 'option 5' told HOSC that they would have liked the opportunity to work with the PCTs on a two site option but felt that the PCTs had not been open to a two site solution and therefore had not prioritised work on this. ▪ The PCTs did not make the options appraisal carried out by their Boards available to proposers of alternative options. ▪ The proposer of 'options 10 & 11' indicated in his submission to the PCTs that there were two variations on his proposal. However, the PCTs provided costings of only one variation as part of the options appraisal process, suggesting that they had not fully understood the proposal ▪ The proposers of 'option 12' believed that the staffing structure of their proposal had been misinterpreted by the PCTs, leading to significantly overestimated costings. They had not been given the opportunity to review and challenge the PCTs' costing of the option prior to the options appraisal by the PCT Boards. ▪ The proposer of 'option 13' indicated that the PCTs had not engaged in a dialogue with him. 	<ul style="list-style-type: none"> ▪ HOSC minutes 28.1.08 – 'option 5' ▪ HOSC minutes and papers 28.1.08 – 'options 10 & 11' ▪ HOSC minutes and papers 28.1.08 – 'options 10 & 11' ▪ HOSC minutes and papers 28.1.08 – 'option 12 – MSLC' ▪ HOSC minutes 28.1.08 – 'option 13'
Evaluation criteria	<ul style="list-style-type: none"> ▪ The PCTs' criteria for clinical sustainability called for 60 hours of consultant presence when in fact 40 hours would be the RCOG requirement under a two site configuration. The use of this criterion effectively ruled out all two site options unfairly. 	<ul style="list-style-type: none"> ▪ HOSC minutes 28.1.08 – East Sussex PCTs, 'options 10 & 11', 'option 12 – MSLC'
Advice of Maternity Services Liaison Committee (MSLC)	<ul style="list-style-type: none"> ▪ MSLC advised the PCTs in March 2007 that 'before a single site option is proposed it is essential that every other option to retain two-town obstetrics is properly explored'. The MSLC stated that the PCTs ignored their recommendations. ▪ MSLC representatives advised HOSC that 'other safe options do exist' and that evaluation of these had not been undertaken by the PCTs prior to consultation. They had also suggested to the PCTs that they allow time for an alternative models group to assess other options prior to continuing with the consultation. 	<ul style="list-style-type: none"> ▪ HOSC papers 7.6.07, MSLC presentation ▪ HOSC papers 7.6.07, MSLC presentation