

Dumfries and Galloway
Integration Joint Board

24th September 2024

This Report relates to
Item 12 on the Agenda

Maternity Services Review – Wigtownshire

Paper presented by Lyn Durrant

For Approval

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List of Background Papers:	Item 5 from IJB Transformation and Innovation/Futures Committee on 10 th August 2023 Item 5d1 from IJB Full Committee on 27 th September 2023 Item 6 from IJB Full Committee on 7 th December 2023
Appendices:	Appendix 1 – Consultation Final Report Appendix 2 – Feedback on survey Appendix 3 – Consultation Output Appendix 4 – Independently Chaired Local Service Review Engagement Report Appendix 5 – EQIA Consultation Option 1 Appendix 6 – EQIA Consultation Option 2

Direction Required to Council, Health Board or Both		
	Title Maternity Services in Wigtownshire	Reference Number IJBD2304
	Direction to:	
	1. No Direction Required	
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

1. Introduction

- 1.1 Following discussion at the Integration Joint Board (IJB) on 27th September 2023, a direction was issued for NHS Dumfries and Galloway (NHS D&G) to undertake formal consultation on two options for Maternity Services in Wigtownshire following an extensive engagement period earlier in the year; this was inclusive of an options appraisal.
- 1.2 This paper is to provide the output from the consultation process and is presented for discussion of the next steps for the future model of maternity care in Wigtownshire.
- 1.3 Sleeping Giants were commissioned by NHS D&G to undertake the consultation survey output and this is included as Appendix 1. Feedback sought from the online survey and information pack can be found in Appendix 2.
- 1.4 Any recommendation in regards to the future model need to be cognisant and reasonable around time and resource implications for NHS D&G to implement a safe, sustainable and deliverable model considering the current financial landscape.

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- **Note and consider the key findings from the consultation final report, alongside the consultation programme output summary report.**
 - **Consider NHS D&G's ability to implement a model and the associated timeline and resource requirement to make a decision on the future model of Maternity Care in Wigtownshire**
 - **Provide a Direction to NHS D&G on the future model of maternity care in Wigtownshire following consultation output**

3. Background and Main Report

- 3.1 A review of maternity services commenced in January 2023 following direction from the IJB meeting on 8th December 2022. This was following the temporary suspension of low risk, intrapartum maternity services at the Galloway Community Hospital (GCH) in 2018 due to staffing pressures.
- 3.2 The local service review for Maternity Services Provision in the Wigtownshire Locality is not part of the wider GCH review ongoing at present.
- 3.3 The IJB Transformation and Futures/Innovation Committee on 10th August 2023 were asked to consider the content of the independently chaired local service review report, the recommendation and associated conclusions. Thereafter, recommending that full IJB issue a direction to NHS D&G for consultation on options 1 and 2. The Independently Chaired Local Service Review Engagement Report is attached as Appendix 4.
- 3.4 Option one represents the birthing service currently available in Wigtownshire. It would comprise continued care provision from Community Maternity Hub (Oak Tree Family Centre) and support for home births, but with no provision for intrapartum care within Galloway Community Hospital.

- 3.5 Option two would comprise the continued care delivery from a Community Maternity Hub (Oak Tree Family Centre), with the addition of a planned, on call birthing option for low risk births only from within Galloway Community Hospital.
- 3.6 Under either option, there would be no midwives routinely based at Galloway Community Hospital for wider aspects of care.
- 3.7 The Independent Chairs and Professional Midwifery Expert stood down following the presentation of the engagement report at the IJB Transformation and Futures/Innovation Committee on 10th August 2023.
- 3.8 Following a direction from Full IJB Committee on 27th September 2023 to NHS D&G Board, the Women, Children & Sexual Health Services (WC&SH) directorate undertook a consultation period on the 2 options; this was supported by Sleeping Giants.
- 3.9 The consultation period went live on Monday 20th November 2023, for 12 weeks with an end date of 11th February 2024. The consultation period included multiple methods for communicating; an online survey, the use of social media, paid for press/radio adverts and an animation. The programme incorporated several opportunities for face to face, drop in and online sessions for targeted stakeholder groups and members of the public. Whilst the targeted sessions were well utilised, the public sessions yielded less success. The consultation summary output report is attached in Appendix 3.
- 3.10 The online survey proved to yield the most consultation feedback with 97 responses and a further 4 paper responses. These responses were from a wide range of stakeholders and the detail can be found in Appendix 1.
- 3.11 The survey did not ask respondents to indicate a preference for Option 1 or 2 and the findings therefore provide a broader understanding of what members of the public and staff thought of both options rather than conclusive endorsement of either option. A series of key points can be drawn from the analysis presented here that should be taken into consideration in the decision-making process. These include:
- Given the sample size, we do not know how representative the findings are of the wider population. The analysis presented in this report has therefore sought to ensure that the different viewpoints shared are heard so that they too can be considered when planning maternity services in Wigtownshire.
 - Indeed, different opinions on Option 1 and 2 (as well as maternity services more broadly) were expressed and indicate that a breadth of needs and preferences underpin an individual's decision on where to give birth. While some respondents preferred Option 2 because it was perceived to reduce the need for travel, others expressed a preference for giving birth in the Dumfries and Galloway Royal Infirmary regardless of whether they were high or low risk. Delivery here was perceived to be safer because, in the event of an emergency, they would be closer to the specialist care required.
 - These contrasting views emphasise the importance of offering low risk mothers a choice of where to give birth. To enable an informed choice to be made, clear and transparent communication on the available birthing options and associated risks will be an important component of whichever option is chosen.

- Although health and social care staff views were also mixed, significant concerns were expressed about the provision of both home births and hospital births in Wigtownshire. While the importance of offering choice was recognised, the region-wide on-call service meant that Galloway Community Hospital deliveries were expected to place additional burdens on an already stretched service. Some staff therefore expected Option 2 to adversely affect both them and the quality of maternity care.

4. Conclusions

- 4.1 The available findings suggest that there is no single option that suits the needs and preferences of all. While some women would continue to choose Dumfries and Galloway Royal Infirmary as their preferred location to give birth regardless of the services provided in Wigtownshire, others would welcome the increased choice offered by Option 2. However, the strong views expressed by staff and members of the public suggest that further communication will be required as NHS Dumfries and Galloway continue to plan future service provision.
- 4.2 It is recognised that a robust communication plan will be required to ensure concise and clear messaging around implementation of either option. There have been numerous misrepresentations regarding the scope of the options involving the low risk birthing population.
- 4.3 The IJB sub-committee are asked to be cognisant of the ability of NHS D&G to deliver a sustainable, affordable and deliverable model in line with the Board's Tactical Priorities for 2024-25.
- 4.4 Any recommendation in regard to the future model need to be cognisant and reasonable around time and resource implications to facilitate implementation.
- 4.5 Additionally, it has been recognised that an ongoing programme of staff support and wellbeing will be required, regardless of the outcome.

5. Resource Implications

- 5.1 This review has to date been funded by the WC&SH directorate.
- 5.2 The resource implications are yet to be fully recognised, however preliminary costings for each option were developed during engagement with a subsequent financial impact for option 2 to re-instate the Birth Centre in GCH to a suitable environment. Provisional associated costs at this time were approximately £103,000, however, it should be recognised that updated costings will be required in line with the current financial forecast.
- 5.3 Workforce and staff resource will also be required to facilitate the required standard of education and training for obstetric emergencies and stabilisation. However, an additional cohort of staff will require education and training should option 2 be the directed model of care.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1 The proposals in this paper will support delivery of the following National Health and Wellbeing Outcomes:
- People who use health and social care services have positive experiences

of those services, and have their dignity respected.

- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities
- People who use health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

6.2 In addition the proposals in this paper will support delivery of the following Strategic Commissioning Intention (SCI):

- SCI4 - People have access to the care and support they need
- SCI5 - People's care and support is safe, effective and sustainable

7. Legal and Risk Implications

7.1 Clinical risks:

- Suitability for a low risk community birthing unit or home birth would be identified using the standardised risk assessment for pregnancy, labour and birth from the electronic patient record.
- The unintended consequence of presenting to the GCH for intrapartum care whereby there is no pre planned on-call cover, or where the care provision is requiring high risk maternity care including obstetric or neonatal skills, is that emergency inter hospital transfer may be required. It should also be noted that no midwives are based in the GCH and that any unplanned presentations will require to be transferred to DGRI.
- There is no facility for neonatal care or obstetric interventions, including instrumental birth or caesarean section, at the GCH.
- As previously highlighted, there is concern regarding the high use of locum medical cover (section 7.4) impacting the ability to robustly embed safe transfer of care pathway and provide emergency stabilisation.
- Postnatal care delivered from the GCH would be available to those who birthed there and working on the assumption of midwifery presence requirement as similar to that of a homebirth setting. Should either mums or babies require higher level of care, or request a longer length of stay, they would require to be transferred to DGRI.
- The two rooms in the Clenoch Birth Centre are currently being utilised as a surge area for acute care in the Galloway Community Hospital. Due to the layout of GCH and the mixture of 4 bedded bays and limited single rooms, the additionality of these single rooms to the estate has greatly improved patient safety and management of those who require isolation due to infection control

reasons. Whilst this need was at its highest during COVID, there is a continued requirement to support the safe management of patients requiring isolation due to Infection Control reasons.

This has also allowed for better management of overall occupancy with an increasing demand on presentations and admissions across acute care. The use of these rooms has resulted in a reduced number of transfers to DGRI for non-clinical reasons.

7.2 Reputational risks:

- At present there is no associated reputational risk with the options but this should be reviewed following the direction for the preferred model for implementation.

7.3 Financial risks:

- The cost of the workforce is not posing a financial risk but there is a requirement to reinstate the Birth Centre in GCH to a suitable birthing environment. The equipment and stock items required would have an initial cost of approximately £103,000, of which there is no existing funding source.

7.4 Workforce risks:

- The current midwifery workforce establishment have been able to provide a region wide home birth option since August 2022 when this service was reinstated. However, it should be recognised that the home birth option is on the Board risk register due to multi-factorial staffing challenges.
It is the assumption that the same region wide model would be utilised to staff the on-call community births.
This means that on occasion women may still require to call for an ambulance or emergency assistance as the midwives may be commuting from anywhere in the region. It should also be recognised that if the midwives are called to a homebirth they would not then be available to attend the GCH and vice versa, there is not sufficient staffing to be able to provide two on-call teams.
- There is a requirement for GCH staff, as well as midwifery staffing, to be trained in obstetric emergencies, neonatal resuscitation and stabilisation of the newborn for the community birth centre at GCH to be safe and successful.
Training and education is delivered via the Scottish Multi-Professional Maternity Development Programme (SMMDP). At the time of writing, the current medical locum rate at GCH is in excess of 60%, therefore there is a risk that the workforce will not be suitably trained or experienced to this standard. Medical staffing at GCH was out with the scope of the Local Service Review of Maternity Services Provision in the Wigtownshire Locality.

8. Consultation

8.1 The consultation period was completed in line with current guidance and following direction from the H&SC Partnerships Consultation and Engagement Working Group, which includes representation from across the Partnership and national boards.

8.2 The consultation output report is included with this paper.

8.3 The purpose of this consultation has been misconstrued and has created challenges in distinguishing this process from the earlier engagement period where consultation options were developed.

9. Equality Impact Assessment

9.1 EQIAs were developed for both options during consultation; however a full EQIA will be required following direction on the future model of care. EQIAs for both option 1 and 2 were developed before consultation went live and can be found at Appendix 5 and 6.

10. Glossary

EQIA	Equalities Impact Assessment
GCH	Galloway Community Hospital
IJB	Integration Joint Board
NHS D&G	NHS Dumfries and Galloway
SPDC	Strategic Planning, Delivery and Commissioning
WC&SH	Women, Children and Sexual Health