

**Maternity Services Liaison Committee
Annual Report 2005/2006**

The East Cheshire Maternity Services Liaison Committee consists of professionals, user representatives and voluntary organisation representatives who meet quarterly with the aim of both supporting and improving maternity services for the benefit of the women of Eastern Cheshire.

The Terms of Reference are attached (Appendix 1)

Membership

Ms S Ryan	Chair/user representative
Mrs G Hopps	Head of Midwifery, Women's & Children's Services
Dr I Losa	Consultant Paediatrician
Mr V Hall	Consultant Obstetrician/Gynaecologist
Dr S Dean	Consultant Obstetrician/Gynaecologist
Sr E Alston	Supervisor of Midwives
Mrs M Malkin	Lead Nurse, Eastern Cheshire PCT
Mrs A Morton	Health Visitor
Mrs C McAndrew	Health Visitor
Lyn Barber	Macclesfield Cradle Concern
Gill Edmonds	Macclesfield Cradle Concern
Dr C Stanley	General Practitioner
Mrs J Hawkes	Service Development Manager, Women & Children's/Eastern Cheshire PCT
Mrs L Bailey	Patient and Public Involvement Manager ECNHST
Mrs M Grant	NCT representative
Ms F Jones	User representative
Mrs E Fickling	NCT/User representative
Ms D Bramwell	NCT/User representative
Ms C Schofield	User representative
Ms S MacKian	User Representative
Mrs E Owen	Secretary to committee

Significant Issues

The role of Chair was taken over by Ms S Ryan, user representative, in September 2005. The term of office extends until September 2007.

Public Involvement in Maternity Services

The Committee has exceeded the desired ratio of user representation of "a minimum of one third of the core membership" in line with the Department of Health recommendations (Feb 2006). It should be noted that the user representation at meetings is regular and consistent .

In addition to the Committee, there are 2 user representatives on the Labour Ward Forum, 2 user members on the Breast feeding Forum and 1 user member on the Patient Information Group.

Two users are included in the consultation process of all obstetric/midwifery draft documents for practice and patient information leaflets.

Two user representatives, both committee members, undertake the parent craft reunion evaluations and submit reports to the committee for discussion and response.

The strategy for user recruitment is to advertise in the Bounty book, hand held records and in each GP surgery and health centre. It has also been added to the trust web site.

Reports tabled in 2005/06

National Service Framework for Children, Young People and Maternity Services 2002

The committee has received the maternity units benchmark report and action plan against Standard 11 of the NSF.

The committee has requested a six-monthly update on the progress on Standard 11 Maternity Services.

An overview of Standard 11 includes choices in maternity care, user involvement, the birth environment and the care needs of deprived groups. Neonatal Networks will be developed across boundaries. Surestart principles should be developed into routine practice.

Pre-conception care should be available, for example, for women with diabetes and epilepsy.

The aim should be to promote normality and choice.

In line with Standard 11, the unit has plans to introduce the role of Maternity Care Assistant, with the aim of supporting the midwife in the delivery of care. It is recognised that the Midwifery Care Assistant would be working under the direction of a midwife. The committee are supportive of this change in staffing.

MSLC National Guidelines

The committee has been careful to follow direction and recommendations as outlined in the current MSLC National Guidelines (Feb 2006).

Report on the Confidential Enquiry into Maternal Deaths (2002 – 2002)

The committee were provided with a presentation by Mrs Hopps on 'Why Mothers Die' which included learning points for practice.

Developments in Service

Breast feeding

In line with the Committee's continued commitment to improving breastfeeding rates, we work closely with and receive regular reports from, the Breastfeeding Forum. The committee, in conjunction with the Breast Feeding Forum, is currently considering the establishment of a Peer Support Group

The work of the Breast Feeding Forum towards attaining the UNICEF Baby friendly Initiative is ongoing and is a testament to the 4.6% increase in mothers breastfeeding on transfer home.

Mast Scan Machine

Two new scan machines operating in the Scan department. Fundraising is ongoing for a dedicated machine in the antenatal clinic.

On receipt of this piece of equipment, the committee support the plan to move obstetric ultrasound into the antenatal clinic.

Home Birth Support Group

This group was successfully launched in June 2005 following the establishment of a working group in March 2005. Midwives currently run the group with a view to passing responsibility over to members themselves. Following the launch of the group there has been a significant increase in home births over the past financial year. In November 2005 a home birth rate of 4.7% was achieved. The committee sees the work of the support group as a significant contributor to the implementation of normality in labour.

Active Birth Workshops

In supporting normality in childbirth and in response to the rising caesarean section rates, the active birth workshops have been ongoing and have been well evaluated by midwives. Training is currently ongoing. It is envisaged that these classes will be offered to couples in the autumn of 2006.

The committee would like to suggest that doctors in training may benefit from inclusion on this training.

Improvements in Facilities

The Committee were pleased to hear of the receipt of a new bed for the Labour Ward and the order of MRSA resistant curtains.

The committee have been supportive of the development of the mothers' feeding room which has been developed in recognition of crying babies disturbing other mothers at night. In recognition of the social and family aspect of childbirth, the committee have been supportive of the sanction to allow the use of mobile telephones in labour suites.

Equipment donated to Special Care Baby Unit

Phototherapy Unit

Apnoea Sensor Alarm x 2

Drip Stands x 3

Incubator x 3

CNST

The committee is proud that the Unit has been re-accredited at CNST Level 1. Continued support should see the Unit aiming for Level 2 within this financial year.

Review of Maternity Services

The change in Service Provision to GP Attached Midwifery Group Practices commenced on 1st June 2003. The Committee received the two-year (Qualitative & Quantitative) evaluation report in January 2006. This report is available upon request

Key issues highlighted in the report are;

The changes necessitated to achieve the 1-1 care in labour and improved continuity of care throughout the whole pregnancy continuum were achieved by midwives working in a more cost-effective manner. The midwives have worked extremely hard to ensure the midwifery group practices are a success.

An improvement in communication between the Midwifery groups practices and the GP practices is needed in order to ensure this crucial working relationship is maximised.

The inequality of service provided in Holmes Chapel needs addressing. Consideration must be given to a minor increase in midwifery staffing in order to provide a full community midwifery service in this area in order to achieve equality over all of Eastern Cheshire.

Users have been overwhelmingly impressed with the care they have received throughout the pregnancy continuum. Any complaints made have been addressed and, in many areas, changes in practice have occurred.

Review of Children's Services

The Committee have been greatly involved in the East Cheshire review of Children's Services and the Greater Manchester Review of Children's, Young People and Maternity Services. The launch of a formal public consultation, in Jan 2006, on the latter resulted in considerable unrest amongst users within Eastern Cheshire. The MSLC was ideally placed, due to its considerable user representation and links with the PPI Children's Services leads for both the ECNHST and ECPCT, to act upon these views. The Chair was charged with the role of drawing up an MSLC formal response to the "Making it Better, Making it Real" document. This was submitted before the closing date of May 13, 2006. Within the response the Committee expressed concerns regarding their perceived consequences to maternity services with any change in service provision.

The response to Making it Better is attached as Appendix 2.

Parentcraft Reunions

The committee was informed of 10 reports compiled by committee user representatives from parentcraft reunion group meetings.

An action plan was tabled in response to each report.

Common themes/positive comments

- Midwife's care frequently commented on ; genuine, helpful, excellent, instilled confidence, supportive, good communication, great ,excellent
- Health Visitors; helpful and gave good advice.
- Wards clean. Cleaners very nice.
- AN classes useful.

Common themes/negative comments

- Lack of continuity of care in both the AN and PN period
- Noise on ward.
- Breastfeeding
 - Lack of support.
 - AN classes biased toward breastfeeding.
 - Pressure to breastfeed.
- Parent education classes
 - size of class erratic.
 - Need to offer couples classes
 - Class offered too late in pregnancy

The committee are supportive of the action to be taken to address mother's concerns.

MSLC Work Planned for Next Year

Use of Pool

The committee recognised that there is poor use of the pool for labour and delivery at East Cheshire NHS Trust.

Consequently within the plan of work for the coming year, a survey is being undertaken by a sub-Committee with a view to promoting the use of water as a means of supporting active birth and normality.

Hospital Visiting Times

The committee have acknowledged that there have been a number of comments on completed evaluations and postnatal reunions responses regarding dissatisfaction on current visiting arrangements for the unit. Within the future plan of work, the committee have agreed to undertake a survey on current visiting times together with suggestions for change.

Review of Terms of Reference of the Committee to be undertaken this year.

End of year statistical data attached (Appendix 3)

Sheila Ryan/Grace Hopps
12 June 2006

MATERNITY SERVICES ADVISORY COMMITTEE
TERMS OF REFERENCE

A Maternity Services Liaison Committee (MSLC) shall be established and maintained by the East Cheshire NHS Trust and shall be known as the Macclesfield Maternity Services Liaison Committee. It shall act as a multi-disciplinary forum bringing together user representatives and the different professions involved in maternity care. The committee will meet quarterly.

Aims and Objectives

- 1 The MSLC will advise the Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust on all aspects of maternity services provided for its residents, including:
 - Strategy for services and any proposals for changing or developing services
 - Quality standards for maternity services and ways of monitoring standards.
 - Guidelines for clinical care
 - Information requirement of residents and health professionals
 - User involvement with planning and monitoring of service
 - Annual Report – The committee will produce an annual report that includes: -
 - Summary of the work of the Maternity Services Liaison Committee
 - Progress on local strategies and targets
 - Recommendations to the Primary Care Trust and hospital Trust
- 2 The MSLC aims to ensure that the Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust take account of the views of women using the service.

Membership

- 3 Members will normally be appointed for no less than two years.
- 4 Membership may include:
 - User members
 - Consultant Obstetrician
 - Consultant Paediatrician
 - Supervisor of Midwives
 - Senior Midwifery Manager
 - General Practitioner
 - Health Visitor
 - Local voluntary organisation representative
 - PCT representative

Members will be expected to liaise with the groups or profession that they represent with appropriate feedback to the committee.

Chair

The position of chair will ideally be undertaken by a user representative. In the absence of this a chair will be appointed by the committee from their members. The chair will be elected for a period of 2 years.

Appendix 2

Macclesfield Maternity

Services Liaison Committee

Macclesfield District General Hospital

Victoria Road, Macclesfield, SK10 3BL

Chair – Sheila Ryan

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Telephone Sec (01625) 661150 Fax (01625) 661857

10th April 2006

Response from Macclesfield Maternity Services Liaison Committee “What is Making it Better, Making it Real?” Public Consultation

Choice

- There was a great deal of discussion around the issue of choice, members seeing some of the options as a distinct **lack of choice** for this area.
- It was recognised that people are currently choosing to come to a smaller, **more personal unit** with the **advantage of back up** should they need it. This is evidenced by the rise in deliveries in Macclesfield in the last 5 years. Many women do not want the ‘conveyor belt’ approach and if already large units expand, this will only get worse.

GP Issues

- GPs are ‘**very worried** about the loss of local services.’ People currently choose to come to Macclesfield because ‘they prefer a smaller, easily accessible friendlier unit.’ If that choice goes and you are low risk, the potential is that you may have to travel miles.
- GPs are also worried about the potential loss of **paediatric inpatient care**. If a child needs an urgent investigation or treatment, ‘it just adds to the trauma having to travel miles, often in rush hour traffic.’
- ‘**U turn**’, in that care has now been provided closer to home and with potential changes, it will make it much worse for the people of this area, by virtue of the **semi-rural location**
- Current **training opportunities** will be lost and trainee GPs will have to go to specialist hospitals. The subsequent recruitment problems for primary care were recognised.
- GP’s on MSLC have grave concerns regarding Who will assess children in A & E? . The consultation documentation does not outline who will cover this service should Paediatric cover no longer be available.

Midwifery Issues

- The maternity service currently delivers a **full choice of birthing options**; this incorporates home birth, a Midwifery Led Service, together with full Obstetric & Paediatric cover. Should the service as it currently stands be changed to a Stand Alone Midwifery Unit, a significant proportion of women would not meet the strict criteria for this particular service
This would **disadvantage women** who would otherwise have benefited from a fully integrated **local** maternity service.
- As a maternity service we should be promoting a **family friendly** environment, which does not require women and their families to travel distances resulting in separating the family unit. A change to our current local maternity service will

disadvantage women particularly our more vulnerable women (single teenage mums and socially deprived) in our large geographical area.

- Expectant mums would go into hospital earlier than necessary due to length of journey which may result in a “medicalised” birth which goes against the aims to normalise childbirth and reduce intervention.

Geographical location

- Extreme concern re **isolated location**. This theme runs throughout.
- An increased **demand for ambulances**. No information on how this will be funded. No evidence that the Cheshire & Mersey ambulance service has been consulted in this process which could prompt cross-border issues.
- Concern was expressed that Congleton and Holmes Chapel residents had not been included in the **review of travel times**
- Macclesfield’s communities will have to rely on travel by **car or public transport** to access services. However, it may take 25 minutes to Stockport at night or quiet times, but in busy times it can easily be over an hour.
- Implications of **road congestion** at peak times need consideration.
- Local **public transport** is very poor – last bus to Stockport is at 4.30pm.
- It was queried why Tameside is in the **preferred option** rather than Macclesfield as it has many better and faster links to other units. How has Option A been formulated?
- Should the **Neonatal Units** be geographically more equally spread?
 - It was agreed that closing or reducing services at Macclesfield would be detrimental to the local population and **would not be ‘providing care closer to where people live.’**
 - It was recognised that change needs to occur in Greater Manchester as there are a number of units all within a short distance of each other. This is not the case for Macclesfield and if Macclesfield services are reduced then residents in this area will **not have choice or equality of access.**

Equity

- There was concern that the factors considered – travel, deprivation and numbers of births were not sufficiently **weighted** for them to be equitable. It was felt that the travel factor was crucially important to this area and that this had not been adequately recognised.
- In healthcare redesign or reconfiguration, perhaps the **4 most important criteria** are safety, quality, access and deliverability. It should be noted that quality and deliverability have not been weighted, and besides, feasibility does not equate to, or equal, deliverability.

Paediatrics and Impact

- Impact on other acute hospital services such as **A&E ENT and anaesthetics** – domino effect.
- This cannot be seen in isolation and that there are **great consequences for the community as a whole**
- **Children** may be retained in hospital longer, if local networks are no longer there
- **Hospital at Home** – We can and should do a lot in the community, but this won’t replace the inpatients facility
- **Critical mass** - Bigger unit’s need more staff therefore numbers of patients seen would be the same proportionately as in a smaller unit.

Robustness

- Discussion focussed on how the options had been arrived at and the '**robustness**' of **the process was queried**. It was explained that meetings had been held involving clinicians and managers alongside a clinician options questionnaire.
- The PCT presenter explained that they were doing more detailed work on **equity**, which could influence the view of the final set of options.

Consultation & Engagement Phase

- Not a lot of people know about the consultation. The work done is a **drop in the ocean** compared with the numbers of people in the area under review.
- The **document** is not informative, not easily understood and is not user friendly
- It is **not clear** that you can just write in, you don't have to complete the questionnaire
- In the feedback **questionnaire**, the questions are closed and lead to certain answers and the impact is not explained at all
- Lack of **availability of information**. The information provided by the network was criticised. The leaflet is not helpful, does not contain either the table of options or the feedback form. The consultation document itself is unwieldy and puts a lot of people off.
- **The PCT** have written a good document for this area, but there are grave concerns as to the availability of this information, despite a household drop being organised, *'Where is the document for the public to fill in?' Response 'It has gone to as many homes as we could get to'*.
- There was concern as when we were almost half way through the consultation people still had not got the **documentation**.
- The fact that the **graphs** were not labelled was criticised, as the public do not know which hospital, on the graph, is MDGH.
- The document is a '**failure to consult in itself**'.
- The majority of people have only been sent the small leaflet and are unable to fill out the response form without **knowledge** of the proposals quoted within the large document, the first 3 questions in particular, i.e. The Need for Change, The Vision for Services in the Future and Criteria for Selecting Options.
 - The views brought up by groups in East Cheshire were not recognised in the document – it is very **biased towards Greater Manchester**
 - There are too **many grey, unstated areas** i.e. if you don't have children's inpatients, what will you have? Where are the costings and plans for the options? Who will provide antenatal and postnatal care? If there are no links to the place of delivery, you will get 'fragmented service and no continuity of care'. Who will accompany woman/child in ambulance?
 - **"Critical mass"** as a measure of quality does not stack up; there is no evidence to back up this statement.
 - There is no outlined criteria in the booklet to measure the **quality of patient care** provided by the different hospitals or departments.
 - The issue of **safety** has been based on workforce numbers, and in the history of the NHS, the DOH has consistently failed to acquire correct figures. In the future this will, without doubt, be compounded by the new programme, MMC (Modernising Medical Career), which is in its infancy, and already dogged by problems
 - Why is a **preferred option** stated? (explained this is in the consultation guidelines) Feel that this leads the public to feel 'it is a foregone conclusion.'
 - Why did we have to get involved, as we are not part of that **SHA**?

Other

- If there is no local service, people are entitled to know how the service they will need to access will be structured. **‘In central Manchester, there are plenty of options, in Eastern Cheshire there are none.’**
- Implications to the Trust re A & E, ENT have not been fully **explained to the public** or thought out in relation to the domino effect onto other Trust services.
- It was pointed out that planning a service around possibilities with the **workforce** is never right, and you can never predict what the workforce will do, therefore the planning is flawed.
- There is no **evidence to support** the idea that larger units are better, apart from for neonates. There is an over emphasis on the optimum number of births for a unit, but there is no evidence of a minimum required or cited anywhere in the consultation literature
- **Confusion** as to how feedback will be analysed and a decision reached: ‘if every person in east Cheshire voted for Option D, how does this balance against Greater Manchester? Is it pure numbers?’
- MDGH have not had any problems recruiting and it is **extremely rare that the maternity unit closes** and then it is due to capacity issues and not staffing problems.

Sheila Ryan

Chair/User - Macclesfield Maternity Services Liaison Committee

Data Comparisons years 2004/2005 and 2005/2006

NB. Where there has been a decrease it is indicated with **dec**

Increases are year on year.

≤ = not significant.

Financial year	03/04	04/05	%increase	05/06	% increase
Total Deliveries	1762	1937	10%	1984	2.4%
Hospital Del.	1731	1902	10%	1934	1.6%
Home Del	31(1.7%)	35(1.8%)	≤	50(2.5%)	42%
Induction Rate	20%	17.3%	2.7% dec.	18.6%	1.3%
Normal Deliveries	64.9%	63.2%	1.7	62.4	0.8% dec
1:1 in Establish Lab.	94%Est.	95%	1%	94.8%	≤
Instrumental Delivery	10.6%	12.5%	1.9%	11.7%	0.8% dec
C/S total	24%	23.9%	≤	26%	2.1%
Elective C/S	10.4%	8.2%	2.2%	9.4%	1.2%
Emergency C/S	13.6%	15.7%	2.1%	16.6%	0.9%
Initiation of breast feeding at Delivery	63%	63.2%	≤	62.6%	0.6% dec
Breast Feeding at Transfer to Community	61%	63.2%	2.2%	67.7%	4.5%
Breast Feeding on transfer to H/V	68%	70%	2.0%	66%	4% dec