Have your say

This consultation paper on the Hemel Birth Unit (HBU) has been prepared by NHS West Hertfordshire - the Primary Care Trust (PCT) for west Hertfordshire. The PCT has the responsibility for commissioning health services in the area, with other bodies, such as hospitals, providing the actual services. This means that the PCT is responsible for commissioning safe, high quality maternity services for women and their families.

This document has been written to inform public consultation on the future of the Hemel Birth Unit following its closure on a temporary basis in 2005, in particular whether or not to re-commission this unit.

We have sought in this consultation paper to broaden out the information and cover some wider issues concerning maternity services in west Hertfordshire as a whole, to help inform discussions.

You can express your views by

- Completing and returning the questionnaire on pages 23 and 24 (back pages) by 12 January 2010 to the Consultation Co-ordinator at

  Freepost 145
  NHS West Hertfordshire
  Charter House
  Parkway
  Welwyn Garden City
  AL8 6BR

- Completing the same questionnaire online at [www.wherts-pct.nhs.uk](http://www.wherts-pct.nhs.uk)

- Emailing your comments to the Consultation Co-ordinator: [consult@herts-pcts.nhs.uk](mailto:consult@herts-pcts.nhs.uk)

- Attending a consultation event

Full details of how you can have your say can be found in section 9 on page 19.

Visit: [www.wherts-pct.nhs.uk](http://www.wherts-pct.nhs.uk) for a copy of the consultation document or write to /email the Consultation Co-ordinator.
The consultation period runs from 16 October 2009 to 12 January 2010.

Consultation Criteria

This consultation paper has been set out in accordance with the Cabinet Office Code of Practice on Consultation. The consultation criteria are:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.

2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.

3. Ensure that your consultation is clear, concise and widely accessible.

4. Give feedback regarding the responses received and how the consultation process influenced the policy.

5. Monitor your department’s effectiveness at consultation, including through the use of a designated consultation co-ordinator.

6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

It is also important to bear in mind Cabinet Office consultation guidance which says...

“When analysing responses, remember that consultation is not a public vote: you should afford most weight to the most cogent ideas and arguments.”

Equality Impact Assessment

The NHS has a statutory duty to assess the impact of our work on the local population with a focus on certain target groups that include race, disability, gender. We are aware that these groups of people may experience more difficulties in accessing local NHS services.

During the consultation period, we will assess the likely impact of the recommendations for maternity services in relation to equality. This will form part of the information made available to the Board in making decision on the future of the Hemel Birth Unit.

Complaints

If you wish to make a complaint about anything to do with the consultation, you can write to: The Consultation Co-ordinator, Freepost 145, NHS West Hertfordshire, Charter House, Parkway, Welwyn Garden City, Hertfordshire, AL8 6BR
## Consultation document:
The future of the Hemel Birth Unit and related maternity services

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Section one - Executive Summary

This consultation paper on the Hemel Birth Unit (HBU) has been prepared by the Primary Care Trust (PCT) for west Hertfordshire, now known as NHS West Hertfordshire. It has the responsibility for commissioning (planning and funding) safe, high quality maternity services for women living in the area.

This document has been written to inform public consultation on the future of the Hemel Birth Unit.

The unit opened in 2003 and due to lower than anticipated use of the service and high costs, coupled with staffing difficulties, it was closed on a temporary basis in December 2005.

Since then the local health service management has commissioned two reviews to consider the future of the unit and the operation of maternity services more widely. Part of the first review process was an extensive survey of local women led by the National Childbirth Trust (NCT).

The PCT worked closely with the local hospitals trust during this period to make improvements to the maternity services that operate across west Hertfordshire.

The most recent review was undertaken in 2008 when two members of the National Clinical Advisory Team - Professor Allan Templeton, consultant obstetrician and gynaecologist and Mrs Angela Canning, head of midwifery services were asked by NHS West Hertfordshire to undertake an independent review of maternity services.

They sought the views of women, midwifery and medical staff, GPs, local councillors and patient representatives across west Hertfordshire about their experiences of maternity care and how such services should develop in the future.

In particular, they focused attention on reviewing the role and function of the Hemel Birth Unit with the aim of advising whether it should be reopened and if so, in what format.

The review findings were published in December 2008 and in January 2009 the Board of West Hertfordshire PCT agreed that formal consultation should be undertaken later in the year on the review team’s recommendation that:

“A free standing midwife-led unit in Hemel Hempstead was not a viable option and that it was not sustainable in the longer term. It therefore should not reopen.”

The PCT would prefer to accept the independent review’s recommendation and not re-commission the birth unit. The PCT, together with West Hertfordshire Hospitals NHS Trust and others, would then focus on plans to continue to develop local maternity services in line with our current strategies, shaped by the views of users of these services.
NHS West Hertfordshire now seeks the views of local women, community representatives and NHS staff on a range of questions. This will serve as a means to advise the Board of NHS West Hertfordshire in deciding how to proceed.

Questions:

1. Do you support the findings of the Templeton-Canning report in respect of the future of the Hemel Birth Unit, i.e. that it should not be re-commissioned? If you don’t agree with the review’s conclusion, what issues should the Board take into account?

2. Following a local survey, the National Childbirth Trust (NCT) identified the most important issues for women when considering birth options.

   Do you support the ranking of issues revealed by the survey? Are there other issues that you consider important that are not included in this top ten list?

3. From your experience, what improvements could be made to support parents both before and immediately after the birth of their babies?

4. Is there sufficient information and advice available for women to make an informed decision on how and where to have their baby? What else should be done?

Section two - Introduction

This consultation paper, prepared by NHS West Hertfordshire (the PCT), provides information to help develop views on the future of the Hemel Birth Unit and other issues to do with the maternity services in west Hertfordshire.

In the following pages, we look at a number of areas:

- the background and history - how we arrived at where we are with the Hemel Birth Unit (HBU);
- the national policy context - what government is saying about maternity services, based on the opinions of professionals and views of women;
- the local situation around maternity services here in Hertfordshire - what we are doing and our plans as commissioners of services;
- a summary of and extract from the major external review of maternity services as produced by Professor Templeton and Angela Canning in 2008;
- the rationale behind the PCT’s current thinking about the future of the HBU;
- a questionnaire to enable us to gather the views of women, health professionals involved in the delivery of maternity care and others with an interest in the service. This will help the Board of NHS West Hertfordshire come to a decision.

These will help provide some context, enhance understanding and will hopefully encourage participants in this consultation process to consider other ways in which we might improve maternity services in the west Hertfordshire area.
Section three - Background and history

It is useful to look back at the past few years to gain knowledge and understanding of how we have arrived at the current situation.

Move of specialist services

There had been a consultant-led maternity service and special care baby unit (SCBU) operating at Hemel Hempstead Hospital (HHH) until April 2002. It was at that point that unsafe staffing levels in the special care baby unit led to a decision to transfer services to Watford General Hospital (WGH). This move prompted a decision to move inpatient maternity care from HHH so that the obstetric service as a whole - the care of pregnant and new mothers together with the care of vulnerable new born babies - was centralised and provided from Watford.

The suddenness of these changes did cause considerable public concern and the Strategic Health Authority (SHA) in position at the time - Bedfordshire and Hertfordshire SHA - was tasked with undertaking a review to re-establish maternity services on the HHH site as soon as practicable.

The opening of the Hemel Birth Unit

The SHA’s review concluded with a decision to develop a stand-alone midwife-led unit at Hemel Hempstead for low risk births. At the time there were some questions raised around the long term sustainability of such a unit and when it was established, the service required additional funding from the Primary Care Trusts (PCTs). There was an understanding that the service would need to be subject to full evaluation to assess safety, effectiveness and financial viability.

The stand-alone midwife-led birth unit opened in April 2003. In its first year of operation the HBU acquired a good reputation and feedback from those who used the service was generally positive. In terms of level of usage this was, however, considerably lower than had been anticipated. During the first year over 680 women had booked to give birth in the unit but only 423 actually chose to do so.

As planned at the development stage of the unit, a review was established in August 2005, a little over two years following its opening. The SHA review set out specifically to: assess to what extent maternity services in west Hertfordshire met current best practice and provided safe and cost effective care; and to consider options and make recommendations about how care should be provided in the future.

Temporary closure of Hemel Birth Unit

The birth unit at Hemel Hempstead had been experiencing staffing difficulties for some time - as was the maternity service as a whole - and these became more serious during the course of the review. At the same time West Hertfordshire Hospitals NHS Trust (WHHT) grew concerned about the increased costs of running the service and on these two grounds decided to close it on a temporary basis at the end of December 2005.
SHA review, 2006

In the meantime, the SHA’s review continued and published its findings in June 2006. Overall, the review showed that the services provided by WHHT met most elements of national standards and were highly thought of by users.

The review did identify a need to develop and implement new ways of working that might provide a financially viable service and high quality care and this would incorporate setting up midwifery teams working across antenatal, delivery and postnatal care. There was a need to reduce the number of caesarean sections and to prioritise antenatal care.

In terms of the Hemel Birth Unit, the SHA’s report recommended that it did not re-open; the praise it had received had clearly not been matched by a similar level of actual use by local women. The report noted that this change would still provide women with choice over how they gave birth, although obviously there would be some reduction in the options about where they gave birth.

National Childbirth Trust survey, 2006

As part of the SHA-led review, views of women were sought via a survey. The SHA commissioned the National Childbirth Trust (NCT) to find out what women thought. This was an extensive piece of research with the NCT’s survey team contacting all women who had given birth during the previous year. In all, nearly 3,000 women were surveyed, 100 interviews completed and 16 discussion groups held with 119 parents between March and May 2006.

The NCT’s survey identified the ten highest priorities for women when considering birth options. These are explored in section five, on page 10. In essence they wanted to know they would have consistent support through pregnancy and labour, to choose where they had their babies and they also wanted the ability to call on high level specialist consultant intervention at the place where they had chosen to give birth, if they needed it.

Since then the PCT has worked with the hospitals trust to deliver improved maternity services across the area and across antenatal, delivery and postnatal services. Section five, on page 10 outlines some of this activity.

Templeton-Canning review, 2008

Most recently, an independent review was commissioned in 2008 by NHS West Hertfordshire (the PCT) to look at maternity services in west Hertfordshire and specifically to consider whether the HBU ought to re-open. It has concluded its work and its report, published at the end of 2008, recommends that the facility does not re-open. Section six in this document summarises the findings and provides a transcript of a portion of the report itself. The full report is on the consultation website and hard copies are available on request.
Section four: National policy context

The Department of Health is concerned with the development of maternity services and in this section we outline the national agenda and expectations on those responsible for commissioning services around pregnancy and obstetrics.

The key strategic document from government is *Maternity Matters*, published in 2007. This sets out a framework to improve the range and quality of maternity provision to improve outcomes for mothers, babies and families. Its primary themes are about giving people more choice, improving their access to good care and giving families greater continuity of care.

Choice includes giving women options about how they access maternity services, for example through their GP or directly to the midwifery service. It also means offering options for their antenatal care - whether this is delivered by a midwife or through a team that brings in other professionals too. Place of birth is a further feature of the choice that women should be offered and this could be at home, in a midwife unit or in a hospital setting where midwives and consultants are providing services in a team. And how women receive their postnatal care is the final element of choice; and this again is about how and where they and their babies get the care they need during the first all-important period following a birth.

It is clear that choice is based on individuals’ circumstances and that clinical safety is of paramount importance in setting out what is offered to women and their families. The need to ensure safety for mothers and their newborns is a key governing factor in decisions around maternity care.

There is also a requirement on commissioners of maternity services - the PCTs primarily - to make sure that women and their partners have information about what is available and to ensure that mothers-to-be start their involvement with health professionals who will care for them, as early as possible as this clearly improves outcomes for them and their babies. Women also benefit from stronger community midwifery support - the outreach services that can provide much needed support both before and after birth, for example with breastfeeding. Continuity of care from a midwife is also seen as an important feature of a good maternity service and one that commissioners ought to pay proper attention to.
Section five: Local policy context and local delivery

Here in west Hertfordshire, the PCT, as commissioner of NHS services, has worked hard, in partnership with West Hertfordshire Hospitals NHS Trust (WHHT) to respond to the requirements set out by government and to improve maternity services.

We have also been keen to take account of the findings of the local survey that was carried out by the National Childbirth Trust (NCT). The NCT team explored the views of women themselves - people who were direct users of the maternity services in west Hertfordshire. The top ten most important issues for women when considering birth options were identified and ranked. The following summarises what the respondents said they wanted:

1. Receiving ongoing care during pregnancy, in labour and after giving birth from a small team of midwives that women can get to know and trust.
2. Ability to get to place of birth within 20 minutes’ travel time
3. Special care baby unit on site
4. One to one support to help new mothers start feeding their newborns, particularly breastfeeding
5. Caesarean section available at place of birth, in case it is needed
6. Immediate access to epidural pain relief
7. Choice of places to give birth, for example a birth centre
8. Able to contact a midwife - day or night
9. Not having to move in labour if problems arise that require more specialised intervention
10. Homely-looking room to give birth in.

For women and their families in west Hertfordshire a range of services is currently available. We recognise that there is more we can and should do and our plans, as set out in the PCT’s Strategic Plan, are to make further significant improvements to these and to the choices we offer.

Women who are pregnant can choose from a range of options in terms of where and how they give birth and receive their antenatal care. This applies to their postnatal care also.

For those wanting, or needing for clinical reasons, to receive care from a team that includes specialist obstetric consultants, there is a facility at Watford General Hospital. Women in west Hertfordshire can also choose to use other local hospitals including the QEII, the Luton and Dunstable and Barnet hospitals. Women with low risk pregnancies can opt to attend the Alexandra Birthing Centre at Watford General Hospital; this is a midwife-led unit, located within a building where, should the need arise, more specialist consultant and technological interventions can be brought in immediately. Women can opt to give birth at home, with the support of a community midwife and Hertfordshire has a higher than average rate of home births. It is interesting to note that a significant number - 6% - of women in Dacorum do chose to give birth at home. This is higher than average and has been increasing.

Before the birth, women can go for scanning, screening, diagnostic services and general antenatal midwifery clinics at Watford General Hospital, St Albans City Hospital and
Hemel Hempstead Hospital. Women can also choose to receive their antenatal care from community midwives, usually at their GP practices. The plan for the future is to locate some of the antenatal clinics within children’s centres and this is likely to provide more choice for women around the day and time when they can attend.

In recent years, the PCT has supported WHHT in improvements they have made, particularly in relation to the provision of antenatal screening and antenatal classes. In addition a very important neonatal hearing screening service has been developed. Staffing levels and training for staff have also seen improvement and there has been a very welcome drop in the rates of caesarean section and a rise in the number of normal births that take place at the hospital.

Once babies are born, most women want to and are able to receive their care locally - at home from a community midwife in the early days with support later provided through the health visiting service.

We are clear, as commissioners of maternity services, that there is a good deal more we can do to improve our provision of good quality services to women and families around the birth of a new baby. Our plans have been developed in response to evidence about the best clinical outcomes and the expressed needs of women - for example through the NCT review. We work closely with WHHT on our plans and we are currently consulting with clinical colleagues on a new comprehensive service specification for maternity services. This sets out what we as commissioners expect, and it draws on the central themes of reviews and picks out national and good practice standards. In addition there is an action plan that addresses delivery of specific issues set out in the Department of Health’s strategy Maternity Matters.

For example, we and our providers are working on increasing the number of midwives we have working in west Hertfordshire so that we can achieve the right ratios to ensure one to one care during a woman’s labour. This also helps us build our teams of midwives so that we can increase opportunities for pregnant women and new mothers to develop strong relationships and get good continuity of care, for example around breastfeeding and preparing for parenthood. Considerable progress has already been made in our recruitment and training of midwifery staff.

Other areas of work include improving rates of breastfeeding among new mothers and providing support to vulnerable women during their pregnancy. Plans also involve improving access to maternity services at the first stage of pregnancy confirmation, so that women can book their care directly with the midwifery service. We know that the sooner a woman who is pregnant books into the maternity services, the greater the chance she and her baby have of receiving the care they need; we are keen therefore to improve rates of rapid access.

We are collaborating with our providers to deliver these improvements and to make sure we meet required standards.

This current consultation on the future of the Hemel Birth Unit provides us with further opportunities to gather views of women and their families around what they would like to see in the way of developing our maternity services.
Section six - Hemel Birth Unit independent review, 2008

In section two of this consultation paper we outline the background and history of the Hemel Birth Unit (HBU) and refer to a review in 2008 that made recommendations about its future. In this section we provide a summary of the findings of the review, together with a transcript from the report itself.

Some time after the temporary closure of the HBU and the subsequent report from the SHA, the PCT in west Hertfordshire sought to address the long term future of the unit. The PCT commissioned an independent review to consider the future of the HBU and more widely the maternity services in west Hertfordshire. The review team was appointed by the National Clinical Advisory Team (NCAT) which comprises a national pool of experts, established by the Department of Health to support and guide the NHS locally in implementing best practice. The independent review team was led by Professor Allan Templeton and Angela Canning. Professor Templeton is Professor of Obstetrics and Gynaecology at the University of Aberdeen and a past president of the Royal College of Obstetricians and Gynaecologists. Angela Canning is Head of Midwifery Services at Princess Royal Hospital in Bromley and a member of the Royal College of Midwives.

The independent review team was given a brief by the PCT to advise on the following:

- Whether the stand alone midwifery unit at Hemel Hempstead should be re-opened and if so, in what format?
- Whether there are implications from the outcome of the above on what should be considered for the local general hospital at Welwyn Garden City?
- To recommend what antenatal and postnatal services could be provided in local general hospitals and in other community settings.
- To recommend what gynaecological services could be provided at the local general hospitals.
- To recommend what action should be taken to improve choice for women around home births, whilst ensuring clinical safety.

The Templeton-Canning team considered a range of documents as part of their review. A key element of their assessment was speaking to clinicians providing maternity services and representatives of groups of women who use services. They also talked to managers at the PCT in their role as commissioners.

The conclusion the review team drew was that the Hemel Birth Unit should not re-open. They reported that the PCT should focus on its work, already underway, to improve choice and quality of care across facilities, with Hemel Hempstead Hospital specifically being developed as a site for quality provision of ante and postnatal care.

The team was concerned about the staffing difficulties that the stand-alone birth unit had suffered from and thought that an absolute prerequisite of re-opening was an assurance that staffing at the appropriate levels and with the right people would be in place. Their conversations with midwives did not give them this comfort; they reported a sense of isolation among those who had worked in the unit and also among those who
might do so in the future. The review team recognised this might not be a long term issue but it was nevertheless a current concern and posed a significant threat to the viability of the unit.

The team’s recommendations drew heavily on the National Childbirth Trust (NCT) survey and the views of the women they themselves interviewed during the course of their own review. This was the group that spoke most clearly in favour of the stand-alone unit reopening, and the review’s authors noted the excellent reputation that the unit gained in its first year of operation.

However, women who took part in the review also expressed concerns that a free-standing unit in a hospital might give mothers-to-be a false sense of security; that full medical intervention would be on hand if required, when this was not in fact the case. This issue of consultant and technological back-up was significant for the review team; they noted the NCT review had identified medical intervention being immediately available as a key feature of a good maternity service in the eyes of women in west Hertfordshire.

Being able to choose where and how to give birth was another identified priority and a stand-alone birth unit could enhance options. The report notes, however, that women themselves questioned whether giving birth in a free-standing unit staffed by midwives represented anything very different from a home birth.

Full extract from the Templeton-Canning review, 2008.

In 2001 two primary care trusts (Dacorum and St. Albans and Harpenden) were asked to lead a feasibility study into the provision of low risk maternity services in West Hertfordshire. This was separate from the Acute Services Review, but at the same time the then Health Minister, Lord Hunt, requested an independent review of the decisions prompting the move of all deliveries, as well as operative gynaecology, into the Watford General Hospital site.

This Review Group spent some time defining and evaluating low risk maternity services, describing in detail a number of exemplars. They assessed the possible number of low risk deliveries that might be undertaken in Hemel Hempstead, given that the Alexandra Birthing Centre, a low risk midwife led unit, was now established at Watford. They estimated that there were around 700 potential low risk deliveries in the catchment area, of which approximately 140 (3% of all deliveries) were at home. Taking into account local and national estimates of antenatal transfer rates, this would leave approximately 500 potential low risk deliveries, including home births. Of these, it was recognised that a proportion, not quantified, may choose to deliver in the Alexander Birthing Centre because of the proximity of emergency care for mother and baby.

The level of midwife support for such a low risk unit was also carefully considered and thought to require 12 WTE midwives and 6 WTE Health Care Assistants at the appropriate grades, as well as support by the on-call community midwife to cover transfers.

The importance of a Consultant Midwife to lead and develop the team was also recognised. At that time there were 42 vacancies among the establishment of 160
midwives across the whole Trust. Furthermore, for a variety of reasons, it was felt that this vacancy rate would increase to 35%, rather than decrease. At the same time it was recognised that the delivery unit at Hemel Hempstead was in good order and could be readily adapted to a low risk facility, whereas development of a new unit at St. Albans would be much more costly.

The establishment of a low risk obstetric led unit was also carefully considered and, although meeting many of the criteria considered by the Review Group, including choice, finance, estates, clinical governance and fit with the wider health community, failed to meet the staffing criteria given the difficulties in securing appropriate medical cover. The most recent acute services review has indicated that this alternative is now no longer considered an option and will not be revisited.

The Project Group reported in 2002 and concluded that there was validity in developing a low risk midwife led birthing centre to serve North-West Hertfordshire, but at the same time they recognised there would be significant difficulties in identifying the revenue and capital funding to make this a reality, and that there may well be difficulties in sustaining adequate staffing. It was felt that North-West Hertfordshire had a well developed community midwifery system with a high proportion of home confinements, which would be enhanced by the development of the midwife unit. However, in implementing the recommendation the significant issues of clinical accountability and governance had yet to be agreed and the development and training of midwives undertaken.

It was also recognised that the low risk unit would need to be managed as an integral part of the whole service and that the long term viability would need to be kept under review. In 2002, the Dacorum Primary Trust also gave support in principle to the development of a midwife led unit in Hemel Hempstead, but was concerned at the risk of causing destabilisation of the maternity services in Watford as well as a possible diminution in community midwifery staffing. Some concerns were also expressed about the service being clinically isolated from obstetric and neonatal facilities.

The Hemel Hempstead Birthing Unit was opened in 2003 and quickly attracted an excellent reputation based on feedback from women and from clinical staff. However the use of the unit was not as high as anticipated and there were continual problems finding trained staff.

These staffing problems, which to some extent may have inhibited better use, came to a head in 2005 when mainly on these grounds but also for financial reasons, the Unit was temporarily closed and not reopened. For the Unit to reopen then, first and foremost, there would have to be a clear indication that recruitment and training could attract a cadre of sufficient midwives, who would be willing and able to work in the birthing unit and our discussions placed doubt over this, particularly in the short term. We did not sense there was sufficient support among clinical staff, but particularly midwives, to work in that environment, rather than their current posting. Part of the reason for this was the continued problem of understaffing, which could of course be resolved in the longer term, but also the sense of isolation, with a lack of medical and emergency backup. On the other hand, the enthusiasm of midwives working in the co-located Alexandra Birthing Centre was tangible and underlined the desire of Hertfordshire midwives to encourage and embrace normal birth and the choice agenda.
The strongest voice in favour of reopening the Hemel Hempstead Birth Unit was from local women themselves, although several raised the issue that birth in a hospital, even in a low risk midwife led unit, prompted the belief that emergency backup was available and some expressed concern that this was not the case. Furthermore some queried whether the option of home delivery with a midwife (Hertfordshire has a higher than average home delivery rate), was in practice a very different option from delivery in a free standing birthing centre.

The NCT survey was extremely important and indicated that the most important issues included a small familiar team (97%), birth place within 20 minutes travel (97%), access to a special care baby unit (90%) and immediate caesarean section availability (85%). This view appears to be increasingly shared by women regardless of geography. For example, in a survey of rural women where longer distances become increasingly relevant, it was suggested that women in the catchment areas of stand alone midwifery units highly value their local units, because of familiarity and one-to-one with the midwives, but also suggested that for actual delivery, they preferred hospital, which they associated with safety and “having everything there” (Pitchforth et al, 2008).

What is clear is that there is an understanding among women in West Hertfordshire that no service can provide everything and there will be in most locations a trade-off between environment, choice, travelling and a comfort zone (including safety). The important issue for women in Hemel Hempstead and St. Albans is that they do have choice, although not on their doorstep. They can choose home delivery (there is a well developed community midwifery service), delivery in a midwife led unit (which is co-located within an obstetric hospital) or delivery in a consultant led unit. The one problem is travel and that problem; we were told by many women, is a very real worry in Hertfordshire. However even that problem is not straightforward. For example there is the inconvenience for all low risk women travelling in early labour to the Birthing Centre at Watford, versus some low risk women (around 15% or so) travelling as an emergency perhaps in the second stage of labour, perhaps with foetal distress.

There is no ideal solution. The best solution is the one that offers choice and safety to the largest number of low risk women, while at the same time catering adequately for all women whatever the level of risk. The national priority in maternity services is to promote normal birth and maximise choice, while at the same time minimising risk and inconvenience. We believe that the evolving strategy in West Hertfordshire has very much embraced this agenda.

However, it has to be emphasised that surveys and audits have shown how highly community based midwife units are valued by women for antenatal and postnatal care, including support, education and counselling (SPCERH, 2007). The opportunity to meet this need and indeed enhance the core skills of midwives in these settings (for example scanning, prescribing, routine examination of the newborn) is presented by the facilities at Hemel Hempstead and St. Albans. Women value these settings and much can also be achieved in networking and mutual support.

In conclusion, it would appear that maternity services in West Hertfordshire are evolving to provide choice, promote normal birth and ensure safety. At the same time many aspects of maternity care, including antenatal and postnatal care can be provided closer
to home. For intrapartum care the clear preference expressed by women is for normal delivery, but with immediate medical availability. This can only be provided on the Watford site given the way acute services in Hertfordshire have evolved. The case for a free standing midwife unit at Hemel Hempstead was never compelling, except in meeting the geographical consequences of centralising facilities at Watford. But most tellingly the continued midwifery staffing problems meant that such an option was not viable and is unlikely to be so for the foreseeable future. We also understand that there were financial reasons for closing the unit at Hemel Hempstead and that there is a continual need to bring the maternity services in West Hertfordshire within budget. However we have chosen not to dwell on these, examining rather the issues from the consumer and provider perspective.

Thus on balance the best decision is to remove the uncertainty over the future of the Hemel Hempstead Unit which may be impeding plans to develop the quality of services elsewhere in West Hertfordshire. We would therefore support the decision to close the free standing birthing unit at Hemel Hempstead, but at the same time encourage the enhancement of midwifery led community antenatal and postnatal services on that site.

Section seven - The current view of the PCT

As the body responsible for commissioning maternity services across west Hertfordshire, the PCT has given very careful consideration to the future of the Hemel Birth Unit. As recommended by both previous reviews, we currently do not think it is advisable to re-commission the HBU facility. A number of factors as set out below have led us to this view.

Evidence from users of maternity services as provided by the NCT survey (see page 10) tells us what is of most importance to them. This should guide our commissioning decisions. A key theme that emerges in four of the “top ten” issues of concern, is that on-site access to specialist medical intervention for women and their babies should be available immediately.

The views of those who would work in the Hemel Birth Unit have also contributed to our thinking about its future. Home birth rates in the Dacorum area are relatively high so it is clear that staff are willing and able to support normal birth outside hospital. However, a stand-alone birth unit offers care to women at similarly lower risk of complications during delivery, rather than a different group of mothers. It proved difficult to keep the unit staffed whilst it was open, and the more recent review highlighted a reluctance among midwives to be based at a birth unit which they see as a professionally isolated environment. As well as commissioning care for women during pregnancy, labour and after birth, the PCT has wider commissioning responsibilities. It is right that the future of a birth unit is considered in this wider context. We want to make services accessible to people and available as close to home as is feasible; we want to offer choice of place and type of care; and we need services to be clinically safe - in this case so that mothers and their newborn babies are safe and well.

The work we are undertaking with our partners, West Hertfordshire Hospitals NHS Trust, and as described above in section five is driven by these key principles. For example: increasing the ratio of midwives to women so that we can give one to one support during
labour; allowing every woman who wants to and for whom it is safe, to choose to give birth at home if they wish; and establishing a network of antenatal clinics that provide greater choice for pregnant women.

The PCT also has a duty to ensure services are financially viable and sustainable and so our deliberations about the future of the unit need also to consider the financial implications of re-commissioning this stand-alone facility in Hemel Hempstead. Re-establishing the unit as a 24-hour facility, with safe levels of staffing by midwives, would cost in excess of £900,000 per year. This includes staffing and other running costs of the premises. The re-commissioning of the birth unit would bring with it some reduction in staffing costs from elsewhere in the service - particularly in Watford General Hospital - to balance a portion of this expenditure, but there would still be significant additional costs, on top of those already incurred in the provision of other maternity services. In order to find this sort of additional funding, we would need to withdraw other services - either from maternity or other patient areas - and this does not seem appropriate given the small numbers of women likely to use the service.

It is the PCT’s view that our current arrangements for maternity provision - from conception to after babies are born - fit in well with these important underlying principles. We are aware that more needs to be done to improve the maternity services available to women in the area and work is underway to do this. We are also hopeful that this consultation process will ensure further improvement in services, in line with local views and expectations.
Section eight - Consultation questions

The position now facing NHS West Hertfordshire is how to take this forward. In summary, the evaluation and subsequent reviews of the Hemel Birth Unit have arrived at the conclusion that it should remain closed but that antenatal and postnatal services should be further enhanced in west Hertfordshire.

In arriving at its decision, the Board wishes to take into account the views expressed by local women and their partners, community representatives, medical and midwifery staff and general practitioners in the area who have a considerable interest in, and responsibility for, maternity services.

In order to assist the Board, we are particularly inviting responses to a few key questions:

1. Do you support the findings of the Templeton-Canning report in respect of the future of the Hemel Birth Unit, i.e. that it should not be re-commissioned? If you don’t agree with the review’s conclusion, what other issues should the Board take into account?

2. Following a local survey, the National Childbirth Trust (NCT) identified the most important issues for women when considering birth options.

   Do you support the ranking of issues revealed by the survey? Are there other issues that you consider important that are not included in this top ten list?

3. From your experience, what improvements could be made to support parents both before and immediately after the birth of their babies?

4. Is there sufficient information and advice available for women to make an informed decision on how and where to have their baby? What else should be done?

The response form is on pages 23 and 24 (back pages) of this document.
Section nine - Consultation process

This paper has outlined the history of the Hemel Birth Unit (HBU) and provided some background information to explain how we have arrived at the current situation. We have also sought in this consultation paper to broaden out the information and cover some wider issues concerning maternity service in west Hertfordshire as a whole, to help inform discussions.

Readers will be aware that two reviews have taken place since the unit closed on a temporary basis, the most recent one being led by Professor Templeton and Angela Canning in 2008. Both reviews have involved women who have used the HBU, people who work in the NHS including clinical staff as well as patient representatives. This pre-consultation engagement formed a critical element of each of the reviews, both of which concluded that the Hemel Birth Unit should not reopen.

NHS West Hertfordshire (the PCT) is now formally consulting with a range of groups and individuals over a period of 12 weeks between October 2009 and January 2010. Comments and questionnaire returns received up to 12 January 2010 will be included in the consultation report. Please note that responses made by individuals will be reflected in the analysis but will not be named in the report. Responses made by organisations may be publicly attributed to the organisations concerned.

Following the consultation process, a report will be prepared and represented to the Board of NHS West Hertfordshire for its consideration at the end of January 2010.

Legal framework for consultation

NHS West Hertfordshire has a duty under Section 242 (1B) of the NHS Act 2006 to make arrangements to involve users of services, whether directly or through representatives, in the decisions affecting the operation of those services.

Maternity services for west Hertfordshire have been based at Watford General Hospital since the Hemel Birth Unit closed on a temporary basis four years ago. As commissioners of maternity services, NHS West Hertfordshire is consulting on whether there are grounds for re-commissioning the unit.

NHS West Hertfordshire also has a duty under Section 244 of the Act to consult Hertfordshire County Council Health Scrutiny Committee if the proposal constitutes a substantial variation in the provision of services.
Public consultation activities

During the consultation, NHS West Hertfordshire will involve the following either by providing information; seeking views or in discussion forums/meetings.

- Hertfordshire County Council Health Scrutiny Committee
- Women of child bearing age in west Herts, particularly those who are easy to overlook
- Families
- National Childbirth Trust
- West Hertfordshire Hospitals Maternity Services Liaison Committee
- Hertfordshire LINk (Local Involvement Network)
- Dacorum Health Committee
- Dacorum Patients Group
- Dacorum Hospital Action Group
- St Albans Patient Group
- WHHT Hospital and Community Midwives
- Hertfordshire Community Health Services (HCHS) staff
- Royal College of Midwives
- WHHT Obstetricians, Paediatricians and Anaesthetists
- Royal College of Obstetricians and Gynaecologists
- GPs in west Hertfordshire
- The PCT’s Professional Executive Committee (PEC)
- Practice Based Commissioning (PBC) groups in west Hertfordshire
- Bedfordshire and Hertfordshire Local Medical Committee
- Borough/District Councils in west Hertfordshire
- Hertfordshire County Council -Children, Schools and Families (CSF)
- Town and Parish Councils in north west Hertfordshire
- Local Strategic Partnerships in west Hertfordshire
- West Hertfordshire MPs
- NHS East of England (Strategic Health Authority)

NHS West Hertfordshire will use a number of techniques for people to receive information on the proposals, to give feedback and to discuss the issues.

In addition to obtaining the views of individuals and organisations which have traditional mechanisms for getting involved, we are targeting those people whose voices are less heard and will be using independent social research to do this.

Details of consultation events will be posted on the PCT website www.wherts-pct.nhs.uk/consultation

The following table sets out some of the techniques we will use:

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<tr>
<th>GIVING INFORMATION</th>
<th>GETTING INFORMATION</th>
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<td>Consultation Document</td>
<td>Focus groups with users</td>
<td>Meetings/forum discussions with local groups /organisations - at their invitation and initiated by NHS</td>
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<td>Frequently asked questions</td>
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Responding to the issues raised in this consultation document

There are a number of ways in which you can express your views during the consultation period.

- By filling in the questionnaire attached to the end of this document and sending it back using freepost address
  
The Consultation Co-ordinator, Freepost 145, NHS West Hertfordshire, Charter House, Parkway, Welwyn Garden City, Hertfordshire, AL8 6BR

- By completing the questionnaire online at www.wherts-pct.nhs.uk/consultation

- By emailing your comments to consult@herts-pcts.nhs.uk

- By contacting the consultation co-ordinator and inviting a PCT representative(s) to attend a meeting of your local group to discuss the issues

Further copies of the consultation document are available from

The Consultation Co-ordinator at the address above; by emailing: consult@herts-pcts.nhs.uk or by phoning 01707 367217.

If you - or somebody you know - need help with this document in another language, an audio or large print version; please contact the Consultation Co-ordinator.

Se desiderate ricevere informazioni in un’altra lingua o in un altro formato, siete pregati di chiedere.

Jezeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Haddii aad rabtid in warar lagagu siyo hab luuqadeed o kale, fadlan na soo waydiiso.

Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.
Decision Making Process

On completion of the consultation process, the responses and contributions received will be collated and published. The feedback from the focus groups will be independently analysed and an independent report prepared and made available for the Board’s consideration. It will form part of the consultation feedback.

The Board of NHS West Hertfordshire will meet in public to consider the consultation feedback and to make a decision on the future of the Hemel Birth Unit and other recommendations arising from the consultation particularly with regard to antenatal and postnatal services and information for women. The date of this meeting will be advertised.

Following the Board meeting, Hertfordshire County Council Health Scrutiny Committee will meet to decide whether the consultation process has been adequate and whether the decision made by the Board is in the best interests of the community for the delivery of health services.

References

- Review of Maternity Services in Hertfordshire
  Professor Allan Templeton and Mrs Angela Canning 2008

- Maternity Services in West Hertfordshire - What do local women think?
  The National Childbirth Trust 2006

- Better Health for Hertfordshire
  A five year improvement plan by NHS West Hertfordshire and NHS East and North Hertfordshire 2009/10 - 2013/14
The future of the Hemel Birth Unit and related maternity services
Consultation Questionnaire

Please read the consultation document and let us know your views by answering the following questions (if you need more space please continue on the other side of this page).

1. Do you support the findings of the Templeton-Canning report in respect of the future of the Hemel Birth Unit, i.e. that it should not be re-commissioned? If you don’t agree with the review’s conclusion, what other issues should the Board take into account?

2. Following a local survey, the National Childbirth Trust (NCT) identified the most important issues for women when considering birth options. Do you support the ranking of issues revealed by the survey? Are there other issues that you consider important that are not included in this top ten list?

3. From your experience, what improvements could be made to support parents both before and immediately after the birth of their babies?

4. Is there sufficient information and advice available for women to make an informed decision on how and where to have their baby? What else should be done?

Please answer the following questions (by ticking a single box for each question) to help us understand the profiles of people responding to the consultation (no one will be identified in the report).

Are you..?

To which of the following groups do you consider you belong?

- Male
- Female

- White
- Mixed

Are you..?

- Black or Black British
- Under 25
- Asian or Asian British
- 25 - 40
- Chinese or other ethnic group
- 41 - 64
- 65+

Have you or your partner had a baby in west Herts in last 6 years?

- Yes
- No

Are you responding as a…?

- Member of the public
- Member of health care staff
- Member of a voluntary organisation
- Representative of another public sector body

What is your postcode?

What is your nearest town or city?