



Councillor Jane MacBean

Chairman
Health & Adult Social Care Select Committee
Buckinghamshire Council
The Gateway
Gatehouse Road
Aylesbury
HP19 8FF

www.buckinghamshire.gov.uk

Mr Neil Macdonald
Chief Executive
Buckinghamshire Healthcare NHS Trust

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SENT BY EMAIL

Dear Neil,

Buckinghamshire Healthcare NHS Trust's maternity services

Thank you to you, Karen, Heidi, Ian and Ashleigh for attending the recent Health & Adult Social Care Select Committee meeting to discuss proposed changes to how maternity services are delivered. On behalf of the Committee, I am writing to summarise the key points from the meeting, highlight areas where clarification and further information would be appreciated and to outline next steps.

The Committee understands that the last few years have provided Buckinghamshire Healthcare NHS Trust with opportunities to review the way services are delivered, in part due to the pandemic but also driven by ongoing workforce challenges. As a Select Committee, one of our key roles is to challenge the decisions made by health and social care colleagues to ensure patients have access to high quality care. Any changes in service delivery need to be fully appraised by the Committee to ensure all aspects of the proposed change have been considered, including robust public engagement, potential impacts on other services and clear evidence that these changes will lead to service improvements.

When considering the proposed model for improving maternity services, Members understand that, since June 2020, women can access the following services across the county. At Wycombe Hospital – ante and postnatal care, with no birthing facilities following the suspension of the birthing centre. At Stoke Mandeville – ante and postnatal care, midwifery-led birthing unit and obstetric-led labour ward. Women can also choose to give birth at home, supported by community midwives.

We understand that the vision around the national maternity transformation programme is to provide safer, more personalised, kinder, professional and more family friendly services and we

have kept these factors in mind when considering the proposed changes to maternity services in Buckinghamshire.

During the Select Committee meeting, Members raised some key points which are summarised below.

Public engagement activities

Whilst we heard from Maternity Voices Partnership (MVP) about their engagement work with service users within local communities, particularly with the hard to reach groups, we would like to see some quantitative and qualitative data to support the work undertaken by MVP. How many service users have they spoken to compared to numbers giving birth in a specific timeframe, response rates to specific surveys undertaken in relation to the proposed changes – there was mention of an extensive survey with over 800 responses but we are not clear whether these responses were specific to maternity services. The paper also refers to extensive patient involvement and public engagement that have suffered from ‘... *low attendance and little public interest.*’ Can you supply context and data to quantify this and offer up potential explanations?

We would like to hear how the changes have been described to the public and what the detailed plans are for ongoing engagement and how women and their families can feedback following their experience of maternity services. The paper refers to surveys between April 2021 and September 2022. Members would like to see an example of the online surveys and gain an understanding of how users were able to judge the impact of suspension of births at WBC from June 2020 when the service had already been shut down for almost a year and they had no experience of an alternative.

Linked to the above, Members would like to compare the number, and general nature, of complaints about maternity services prior to June 2020 and those in the subsequent years. Whilst we acknowledge that the pandemic will have created its own challenges and thereby potentially increased the number of complaints, we are seeking assurances that the proposed new model of care seeks to address any thematic issues with the service.

Improving access to mental health support

Members acknowledged the current work being undertaken to improve access to mental health professionals during and after birth and would like to see this continue and strengthen as part of the new model of care. Would you please clarify how BHT are working with the Mental Health Practitioners within Primary Care Networks to help identify people who need support and ensure they have access to the right service at the right time?

Continuity of care and safe staffing

We understand the importance of continuity of care, particularly in relation to maternity care. As a point of clarity, if a woman receives their ante and post-natal care at Wycombe and then gives birth in Aylesbury, how does the continuity of care work? Linked to this, we know about the national shortage of midwives and a key driver for implementing the new model of care addresses some of the workforce issues facing BHT. We would, however, seek assurances around the existing workforce and the plans in place to create a more resilient workforce, including succession planning.

Linked to the above, we would like to know how many women have chosen to have a home birth, year on year from 2019 onwards. If more women choose to have a home birth, are there enough community midwives to meet any increase in demand? This is an issue which we did not discuss in the Committee meeting but we would like to know whether there has been an impact on home births, as a result of the closure of the Wycombe Birth Centre.

In a recent meeting with senior adult social care officers, Members discussed various Key Performance Indicators relating to postnatal health services. One of the more challenging KPIs is around failure to carry out new birth visits within 14 days. How does your continuity of care plan aim to monitor and improve regular home visits?

Staff recruitment and retention remains a key topic of concern among all our health partners. There are several references to staffing in the paper supplied: *"...due to not always being able to guarantee safe staffing midwifery numbers in the WBC, we cannot safely deliver babies there..."*, *"multiple attempts to recruit midwives to the WBC team have been made with no success"* We appreciate this is not just an issue in Buckinghamshire, but a national problem. Can you supply further detail relating to efforts to recruit and provide assurances that this service change is not simply due to underlying safety issues and a difficulty to staff the centre and deliver babies safely.

The paper states that *"Extensive staff engagement has been undertaken over the last two years and a survey of midwives and maternity support worker staff..."*. Can you supply quantitative and qualitative data from this work?

Key stakeholder support

We note that the ICB Chief Nurse and ICB Deputy Director for Quality and Safeguarding support the proposed model. We would like reassurance that South Central Ambulance Service have been part of the stakeholder engagement discussions and we would like to be made aware of any concerns they may have raised as part of these discussions.

Next steps

The paper states that if HASC agrees, next steps would include further engagement with key stakeholders to "socialise" future enhancements to the agreed model. Please could you confirm who the key stakeholders would be, what form this further engagement would take and over what time frame.

The paper goes on to say that additional ante and post-natal services at Wycombe will be co-designed with service users. Can you provide some information around what these additional services might include and how will the service users be identified. The paper states that midwives were removed from GP surgeries so we would like to understand how primary care and secondary care work together to ensure an integrated service for women giving birth, particularly in the context of continuity of care.

Substantial Change or Not

Guidance makes it clear that when assessing whether service change is substantial we must consider the following.

Changes in accessibility of services – the paper makes it clear that “WBC is located in postcode HP11, which is one of the five postcode areas that women at most risk in pregnancy due to their ethnicity or social background reside”. Members would therefore like to understand what specific support will be provided to women in these risk groups living in this postcode area.

Impact of the service on the wider community and other services, including transport and regeneration – there will undoubtedly be travel implications attached to the service change. How have you assessed the impact of patient journeys and mapped journeys between High Wycombe and Stoke Mandeville? If services are reduced at the WBC, do you plan to repurpose physical clinic space to provide other services?

Number of patients affected – Members are keen to understand how the new provision focused at one single birthing centre will deliver care closer to the community of High Wycombe.

Methods of service delivery – Members understand that the proposed changes would deliver continuity of carer in the ante and post-natal period which is clinically proven to improve outcomes for mothers and their babies. We have asked for some clarity around how this works in practice above.

Conclusion

The paper refers to how the new operating model enhances services “without making a significant change or requiring additional resources”. Members feel that the significant change was likely brought about when services were suspended during Covid and never reinstated. At that point we would usually expect significant public consultation and a proper impact assessment. However, we recognise that extenuating circumstances during Covid meant that was not possible and we hope that the additional information we have requested will address that potential gap and enable Members to make an informed decision.

In addition, members feel that the paper has highlighted gaps in resource at the Wycombe Birth Centre, gaps that are understandable in a challenging recruitment and retention environment, and BHT would face major difficulties if expected to re-introduce births at the Wycombe Birth Centre. The discussion at our recent meeting centred around how you are designing a service specifically to meet need, improve safety and deliver better outcomes for patients with proper resourcing to suit optimum service design, rather than building a service provision that adapts to accommodate the current resourcing difficulties. We hope that your response to our queries will enhance that discussion.

We aim to include this document and the response from BHT in the formal papers of the July HASC meeting. We would ask that your response also includes details of what measures BHT will use in the short to medium term to monitor and determine the success of this new operating model.

Yours sincerely



Cllr Jane MacBean

Chairman, Health & Adult Social Care Select Committee

cc. Karen Bonner, Chief Nurse

Heidi Beddall, Director of Midwifery

Ian Currie, Chair of the Women's Children's and Sexual Health Division

Ashleigh Skinner, Co-Chair, Maternity Voices Partnership