

Maternity and neonatal services in Leeds

Overview

1. NHS Leeds Clinical Commissioning Group is working closely with partners from NHS England's specialised commissioning services and Leeds Teaching Hospitals NHS Trust to carry out a consultation on plans to centralise maternity and neonatal services at Leeds General Infirmary (LGI) and new proposals for hospital antenatal appointments.
2. This consultation is running from Monday 13 January 2020 to Sunday 5 April 2020. This paper provides an overview on the reason for this proposed change and the options being consulted on. It also provides an outline of proposed consultation activity.

Background

3. Leeds has one of the highest birth rates in the country with over 9000 births per year. Although this has slightly reduced in recent times, in keeping with national birth rates, the Office of National Statistics (ONS) prediction is that the Leeds birth rate will be maintained at around 10 000 births per annum for the next five years. The provision of high quality maternity and neonatal care in Leeds is imperative to the delivery of the Leeds Health and Wellbeing Strategy and supports the vision to be 'the best place for children and young people to grow up in'.
4. We have been working hard as a city to drive change through the Leeds Maternity Strategy 2015-2020 which sets out our key priorities. We are also part of the West Yorkshire and Harrogate Health and Care Partnership's Local Maternity Services Board (LMSB) and support the national Better Births Strategy. This work enables us to improve maternity services for people from across our region, providing more choice and high quality, sustainable care.
5. Leeds Teaching Hospitals NHS Trust has recently secured £600 million to develop two new state-of-the-art hospitals on the site of Leeds General Infirmary. One is for adults, linked to Jubilee Wing, and there is a brand-new hospital for children. The new children's hospital will bring together all of the children's services currently provided in different buildings at Leeds General Infirmary into one purpose-built building. This will complete the ambition to have a Leeds Children's Hospital which reflects the outstanding services that are provided for children from across Leeds, and the wider region.

6. This new development will also include a new multi-storey car park with 650 spaces. Outline planning consent for the new hospitals has already been granted and the Trust is already preparing the site for enabling works. Building work for the two hospitals is expected to start in 2022 and will take three years to complete. The proposed options for maternity and neonatal services in Leeds can only happen once the new hospitals are built.

Current service

7. Currently, women receive most of their antenatal care in the community from midwives based at local GP surgeries and children's centres. Some antenatal appointments, such as scans and appointments with obstetricians, take place in both hospitals. Women can give birth at Leeds General Infirmary, St James's Hospital or at home. The two hospitals are two miles apart.
8. Both hospitals have neonatal units which look after babies born early, too small or with a medical condition that needs specialist treatment. These are required when providing obstetric-led care. The unit at Leeds General Infirmary is a full-service specialist unit which is linked to the Leeds Children's Hospital. The unit at St James's is for lower dependency care, for those babies who need a small amount of additional support or need to be stabilised before being moved to Leeds General Infirmary. There are a number of national challenges around providing the required specialist staffing for neonatal units with a national shortage of neonatologists and neonatal nurses. In Leeds we experience challenges in maintaining two units (even with one at a lower level). This presents a risk for neonatal and obstetric services at St James's Hospital and results in the transfer of mums and/or babies across the city and diversions from St James's to Leeds General Infirmary. Around 180 babies a year are transferred between the two hospitals after they are born. This is something we would rather avoid, and women and families have told us this has a poor impact on their experience of care.

The reason for the proposed changes

9. Being able to reconfigure maternity services would enable the Trust to support women to have a larger midwifery-led service for low risk pregnancies and births whilst continuing to provide the right level of obstetric and neonatal care when it is needed.

Safety and providing the best start in life

10. Reducing inter-hospital transfers of neonatal babies will improve patient safety and experience. In some instances, where a baby born at St James's Hospital requires a higher level of neonatal care than expected, they are transferred urgently to the Leeds General Infirmary.
11. Currently, at least one baby a week is transferred acutely across the city to Leeds General Infirmary from St James's for high level neonatal care meaning that some mothers and babies are separated soon after birth. We want women to receive their

care alongside their baby. This supports a lot of important milestones in baby's first few days of life including breastfeeding and bonding.

12. By bringing our services together onto one site we would significantly reduce the risk associated with neonatal transfers or transfers of women in labour between the hospital sites. In addition, Bliss - the neonatal charity - reported in 2015 that there were significant challenges facing services which provide neonatal transfers. They highlighted the challenges in providing timely transfers, staffing levels and provision of 24-hour transfers.

Personalised care

13. We want to provide care that is centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
14. We are already working with women to develop personalised care plans which set out their decisions about their care, reflects their wider health needs and is kept up to date by multiple healthcare professionals as pregnancy progresses. We have also recently implemented an electronic patient record for pregnant women to ensure seamless, joined up care.
15. Currently, the staffing challenges involved in running two obstetric units and two neonatal units on different sides of the city mean that women and/or babies are sometimes transferred between these sites, based on demand. This contributes to a lack of personalised care, where changes to plans are imposed on families. Having centralised services will allow for more predictable and flexible service provision, meeting the needs of families.
16. Reconfiguring our services will free up time for midwives and obstetricians and bring improved facilities, designed with and for families, in which to give more personalised care.

Offering women more choice

17. We want to offer choice to women of the type of birth they would like to have in Leeds. This is a key part of the Leeds Maternity Strategy 2015-2020 and the Better Births Strategy. Choice should include home birth, midwifery-led care, obstetric-led (for those who need it), water birth and delivery suite.
18. Although the teams and services we currently deliver are fantastic, we are unable to offer a true midwife-led birth experience to the majority of women, as the existing midwife-led unit is very small. We can also only offer limited homebirths. This is due to the current configuration of our hospital sites, limited space, and the challenges of staffing two services across the city.

19. The Better Births report is the national five-year strategy for maternity care in England. It clearly states that “women should be able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit, after full discussion of the benefits and risks associated with each option.”

Benefits for the NHS and best use of public money

20. There are further benefits of reconfiguring services which support the Trust in its need to be more financially and operationally sustainable.
21. We need to create a service which is prepared for future challenges including workforce, cost effectiveness and population changes. Despite our success in recruiting midwives, we are experiencing challenges in recruiting suitably qualified and experienced neonatologists and other professions, which is a challenge nationally because of a shortage of suitably qualified staff. We are currently managing clinical rotas split across two hospitals for some services such as neonatal care which is challenging and unsustainable in the future.
22. Further efficiencies would be gained in the following areas.
- Achievement of 24-hour, 7-days-a-week consultant presence on delivery suite.
 - Reduce the demand for EMBRACE, the neonatal transfer service, which conducts around 240 transfers just between the two units in Leeds per year, which is over 10% of their annual demand as a service. This service requires specialist clinical staffing and is currently responding to demand above their agreed contract level and capacity.
 - Maximising the workforce by eliminating or reducing travel time between sites. This will enable delivery of new models of care which are better for patients within the same cost envelope.
 - More efficient use of the hospital estate.
 - It is well documented that providing a midwifery-led unit helps reduce clinical intervention and improve outcomes for the right women, which has downstream financial benefits for the health economy.
 - Increasing labour ward consultant cover is a key safety indicator for obstetric services, which again has a wider financial efficiency impact in the long term associated with improving outcomes.

The options, benefits and impact

23. There are two options set out in the consultation document.

<p>Option 1: Centralise all maternity and neonatal services, including a new larger midwifery-led unit, at Leeds General Infirmary and have all hospital antenatal services at Leeds General Infirmary.</p>	<p>Option 2: Centralise all maternity and neonatal services, including a new larger midwifery-led unit, at Leeds General Infirmary and have some hospital antenatal services at St James's Hospital and some at Leeds General Infirmary.</p>
<p>Impact:</p> <ul style="list-style-type: none"> • Women would be familiar with the LGI maternity department and know how to get to them before the birth • There would be one single location making it easy to find • Staff would all be located on the same site which would improve safety as well as making the service more efficient and sustainable in the future. • Women living close to St James's would need to travel further to access hospital antenatal services (although most antenatal services will continue to be provided in the community) 	<p>Impact:</p> <ul style="list-style-type: none"> • If some antenatal services are kept at St James's they would be more of a community hub as they would be based in an area which local families are already familiar with • Women and families have already told us they find parking at St James's to be good • The maternity service would be less efficient in terms of staff time than option 1, as staff would need to travel across the city to provide services • Equipment such as ultrasound machines would not be as efficiently used so we would need more • Women who have their antenatal appointments at St James's would be less familiar with the LGI site where their baby would be born, if they did not choose a home birth. • Women may have to be transferred from their antenatal appointment (at St James's) to an inpatient area at the LGI, if they or their baby became unwell.

Engagement and Consultation plans

Engagement to date

24. We have undertaken a wide range of engagement activity with staff, patients and the public over the last six years. This engagement has helped to develop the Leeds Maternity Strategy 2015-2020 and inform the development of these proposals. We are constantly engaging with people around maternity services and continue to develop local services to reflect feedback and support the ongoing commitments made in the maternity strategy. We have an active Maternity Voices Partnership in Leeds who provide an ongoing focal point for all co-produced service developments. An engagement timeline including the key activity has been included in Annex A.
25. From what people have told us they would like:
- More choice and facilities including a midwifery-led unit in Leeds
 - To reduce or prevent entirely unplanned neonatal transfers across city, and the separation of mums and babies in these circumstances
 - Joined-up clinical team working which is family integrated and personalised
26. In February and March 2018, we engaged with over 1000 people on their views on hospital antenatal clinics and locations, including issues around travel and finding their way around buildings, which had previously been highlighted as issues. The key feedback from this engagement included the following:
- People are generally very happy with the maternity services they receive in Leeds.
 - Many people report long waiting times to see people in clinic.
 - A significant number of people report that some maternity sites are uncomfortable.
 - Many people reported that communication could be improved.
 - People told us that continuity of care is very important.
 - People told us that they were worried about NHS services being understaffed.
 - Parking and associated costs were a significant concern for almost everyone.
 - Views about where consultant-led maternity antenatal appointments and scans should be based in the future was very mixed. People's responses were very subjective, and their preferences depended largely on where they lived/work. Feedback on location broadly focussed on the following themes:
 - People liked the LGI because it was central and easy to access
 - People liked St James's because it was easier to park than the LGI
 - Views were very mixed on retaining a split site.
 - People liked the idea of a one-site model because it could make services more efficient.
 - People liked the idea of a split site model because it provided people with a choice

- In September 2019 we undertook engagement with neonatal service users. We had 149 respondents with feedback on the care and facilities at both the LGI and SJUH neonatal units. The majority of feedback was very positive and will be used to direct future engagement plans and support internal strategies to improve the experience for our families.

Consultation plans

27. The consultation will speak to a range of different stakeholders in Leeds, including women and their families, the wider public and young people. We will use surveys, focus groups, street outreach and drop-ins to find out what people think about our plans and proposals. Information is available in a range of alternative formats to make the consultation accessible to different communities in Leeds. The consultation has been promoted widely with a range of stakeholders and we will continue to promote it. Once the consultation has finished an independent organisation will write and publish a report outlining what people told us.

Consultation timescales

28. The consultation began on Monday 13 Jan 2020 and will run until Sunday 5 April 2020. We will hold a variety of events during the consultation, including four drop-in events:
- Tuesday 11 February 2020 - Hamara Centre, Tempest Road, Leeds, LS11 6RD
1pm – 5 pm
 - Wednesday 19 February 2020 - Old Fire Station. Gipton Approach, Leeds, LS9 6NL
1pm -5pm
 - Tuesday 3 March 2020 - Pudsey Civic Hall, Dawson's Corner, Pudsey, Leeds, LS28 5TA
9am – 1pm
 - Wednesday 11 March 2020 - Carriageworks Auditorium, 3 Millennium Square, Leeds, LS2 3AD
4pm – 8pm
29. Following the end of the consultation, researchers will collate and analyse the findings and the final report will be available by 30 April 2020. The researcher can attend a Scrutiny meeting along with NHS representatives to present the consultation findings. We would require comments from Scrutiny by 31 May 2020 and aim to make a decision by end July 2020.
30. More information about the consultation can be found at www.leedsccg.nhs.uk/maternityleeds

Engagement timeline to date

Date	Title	Purpose
August 2013	Views on Maternity and Neonatal Care in Leeds	Exploring women's views of services to inform the development of the Leeds Maternity Strategy.
November 2014	Perinatal Mental Health Workshop	Understanding the main areas that women and other stakeholders see as being important to them in developing services which address issues relating to perinatal mental health.
November 2014	Personalisation Workshop	Identifying what personalisation means and developing recommendations around inclusive, accessible care with consistent and relevant communication with women. Continuity of care was also an important feature in feedback from attendees at the workshop.
December 2014	Service Development Maternity Services	To understand women's thoughts about how maternity services should look and feel and to explore their experiences of maternity care at both Leeds General Infirmary and St James's Hospital. The survey was undertaken during December 2014.
March 2016	Who's Shoes? workshop	Exploring the experiences of families accessing our services and identifying areas for celebration and areas for improvement
July 2016	Women with learning difficulties who have experienced pregnancy in Leeds	Recognising that women with a learning difficulty can face significant barriers to accessing NHS services, which can contribute to them being less likely to use services, and more likely to access maternity care later in pregnancy.
March 2017	Young Parents Whose Shoes? workshop	Exploring the experiences of parents under the age of 25 and identifying areas for celebration and areas for improvement
March 2018	Engagement around Maternity Outpatient Clinics	Exploring experiences and preferences of a wide range of people around outpatient clinics, ensuring that vulnerable groups were well represented. Over 1000 respondents.
September 2019	Neonatal service user engagement	Build on and update the feedback received from the 2013 consultation and identify key themes to take forward in future plans.