

NHS Public Consultation - The future of maternity services in Sussex

This was yet another consultation exercise to take place in Sussex, this one held at the Thomas Peacocke Community College on 30th May, 2007. Charles Everett, Chairman of Hastings and Rother Primary Care Trust led the presentation, followed by two consultants, the Trust's Finance Officer and a lone lady speaker, who was leading the campaign against the options put forward, and setting out her argument for another option, **Option 5**. The presentation was accompanied by an overhead screen. The following is a summary of what each speaker had to say:-

1. Within the proposal **four options** had been identified:-
 - (a) basing the consultant-led unit at the Eastbourne District Hospital **OR** at the Conquest Hospital, Hastings
 - (b) developing a new midwife-led birthing centre in the other hospital **OR**
 - (c) continuing to invest in the existing midwifery-led services.
2. **Option 5** provides the best high quality health care for pregnant women by maintaining consultant-led delivered services in **both** Eastbourne and Hastings which is maintained to be **safe, accessible and affordable**.
3. Charles Everett claimed that there would be greater care in the community, waiting times would be shorter, more day case operations, working practices (shorter hours) and training would be improved, outcomes improved and safety increased. and finally there would be more choice. He said it would make the best use of their resources. **Safety, he said, was paramount and that finance was not an over-riding issue.**
4. The consultant and member of the Consultation Panel, Dr Wilcox, also drew attention to **safety** - more consultants on the ground, more consultant supervision, and an end to excessive hours for doctors. It was reckoned that smaller units (**below 2,500** per year) might not be able to treat high risk cases. In 2006 deliveries per year in Eastbourne numbered 1,952 and in Hastings 1,752. It was further considered that the estimate of birth rises in the next 10 years was neutral.
5. Dr Wilcox drew attention to the staffing issues. Consultants and midwives were increasingly stretched over the two sites. He said as a result of the European Working Time Directive, and new training programmes junior doctors' time would be reduced to 48 hours a week.
6. It was regarded to be better if consultants did not take over too much at the front line, allowing them to be just "consultants". It is suggested that if midwives were working in a bigger unit, they would be more exposed to the many different areas of their work and increase their knowledge.
7. Dr Wilcox said that they were committed to sustaining two viable hospitals each with 24 hr emergency services, planned care and diagnostic and outpatient facilities.
8. **Concerns:**
 - (i) Travelling time and transport
 - (ii) Some mothers want consultant-led births
 - (iii) The question as to whether the changes would improve care?

(iv) Had it all been decided?

(v) Do they have adequate resources?

(vi) Keep the DGHs at Eastbourne and Hastings

9. **Travel time and transport:** It was considered that there was limited evidence on the significance of travel time. It was comparable to travel times in other parts of the UK. With regards to transport they were working with the local authorities and the ambulance service.

10. Increasing the presence of consultant obstetricians on delivery wards has been known to reduce caesarean operations

11. **Safety and staffing are the drivers of change - unlikely to save money with proposed changes. IT IS NOT ABOUT SAVING MONEY.** This was strongly emphasised!

12. All options including Option 5 will go before an Independent Panel in October when they will be fully evaluated. Further options were welcome we are told. It will be a joint PCT Board decision

13. **Open Session:**

These are some of the concerns expressed by the audience:

(i) One person thought the proposals were flawed on the ground of travel time from Rye/Camber to Eastbourne for emergency cases. Dr Wilcox considered there are very few cases and in any case ambulance service would be used. rejected

(ii) On the last point another person drew attention to the ambulance service in the rural areas being in a state of crisis, and asked whether there were to be extra resources put in. The reply was “it was being pursued”

(iii) Another asked how it was that the 1 consultant to 300 births was recommended by the Society of Medical Practice? There was no mention of the magic figure of 2,500 births per year being the absolute minimum for a consultancy-led service. That was not answered.

(iv) A young mother with her 6 month baby said her first child was born by caesarean section, and as now classified as high risk would not wish to be transported to Eastbourne. Dr Wilcox commented that in such a case Ashford would be considered as an alternative in an emergency. Cllr Keith Glazier interjected saying he had travelled from Camber to Eastbourne that day and it took him just one hour! It was remarked that he had travelled in the off-peak period. The time a mother goes into labour could be in the rush hour or on a bank holiday weekend!

(v) It was remarked that so few attended the meeting (I counted 25) from Rural Rother which was disappointing. Dr Wilcox thought it was “average”. Was it apathy or lack of communication?