Redesigning maternity services in Sandwell and West Birmingham

Sandwell and West Birmingham NHS Trust (SWBH NHS Trust) was formed in 2002, following the merger of two local trusts. Since then the trust has undertaken a number of service redesign projects, each involving extensive public and staff engagement. In April 2009, the trust board approved a review of maternity services to ensure the provision of safe, high-quality services in the area. This triggered an engagement programme that ultimately led to the closure of one of the two existing maternity units, the creation of a co-located midwifery-led unit and construction of a standalone midwifery-led unit on a new site, radically changing the maternity care model and improving the quality of care and facilities available.

Background
Following the creation of SWBH NHS Trust in 2002, there were two maternity units in place at the trust, at Sandwell and Birmingham City hospitals, serving a population with poorer than average general health and a higher than average demand for specialist maternity services. Over time the standards of care offered began to cause concern, in particular that consultant rotas might be spread too thinly, leading to quality and safety risks. In 2008, this prompted the trust to appoint the Royal College of Obstetricians and Gynaecologists to review the service. The review suggested that multi-site working was unsustainable and prompted further investigation by the trust, against a background of new national standards for the care of women during pregnancy and childbirth. The report of the trust’s new clinical director for obstetrics that followed highlighted further concerns, leading to a wholesale review of maternity services and a robust mitigation plan to ensure the safety of the service in the interim.

Key points
- Before developing options for service redesign, set out clearly the clinical case for change.
- Support clinicians in leading change and in leading discussions with the public.
- Be open about what you intend to do, why you intend to do it, and what will happen in the interim. Don’t include options you won’t consider.
- To keep people informed, ensure that the consultation results are fed back.
- Expect the unexpected – alongside high-quality care and facilities, cultural factors can also exert a strong influence on choice of service location.
- Use new and social media to engage with younger audiences.
Designing the engagement programme

Section 242 of the NHS Act 2006 placed the primary duty for consultation about service redesign with commissioners. Thus a project steering group was established, led by Sandwell Primary Care Trust. This group initiated a comprehensive engagement and consultation programme aimed at engaging and informing staff and service users about the need for change, and to explore options for service redesign.

The primary audiences identified were:
- women and their families
- GPs
- community midwives
- hospital-based clinicians
- local councillors and MPs, including the Joint Health Overview Scrutiny Group.

A pre-consultation engagement programme openly set out the clinical reasons for the proposed change. It explored seven options, which were developed and whittled down to three. In October 2009, these became the subject of a formal three-month consultation. The third option was arrived at after feedback from women and their families during this period of pre-consultation.

The three options presented were:
1. All births, excluding home births, to take place at Birmingham City Hospital.
2. As above but with specialist antenatal care available at Sandwell Hospital.
3. The establishment of a community birth centre in Oldbury, with specialist care taking place at City Hospital.

When presenting these options, it was made clear that continuing with current arrangements was felt to be unsustainable for reasons of clinical safety; a ‘do minimum’ option was therefore not put forward. Public feedback was gathered via a response form, online and at a series of public meetings led by senior clinical staff. Alongside the public engagement, a series of staff events were held, also led by the senior clinical team for maternity. These ran alongside internal communications such as the staff magazine and intranet and communication methods suggested by front-line staff within the departments.

* This responsibility has passed, from April 2013, to clinical commissioning groups.
Just as important was engagement with a wider group of local stakeholders including GPs, primary care commissioners and the local Health Scrutiny Committee, as well as parent groups and organisations such as Sure Start. The engagement included face-to-face meetings, letters, articles in relevant local and national media, and website updates.

The response was overwhelmingly in favour of Option 3, involving the creation of a new midwife-led unit in Oldbury. The new unit would work alongside the newly opened co-located midwifery-led unit at City Hospital, named Serenity, which was due to open in May 2010. This would give the trust the time to enable midwives to develop expertise in midwifery-led care before opening a stand-alone unit. Both units would offer first-class, modern, home-from-home facilities and would, it was expected, lead to better outcomes. This type of unit, offering more one-to-one midwife care, has been shown to:

- reduce the need for induction or a caesarian
- reduce the use of medication for pain relief
- increase the proportion of natural births
- increase the likelihood of mothers breastfeeding their babies.

Women and their families were to be involved in the design of the new facilities which would include birthing pools in every room, pull-down double beds, controllable LED lighting and access to gardens.

Implementation

Having received a mandate for the chosen option, the next step was to design a communications and engagement programme that would keep staff and the local community informed and offer opportunities for involvement. This included public meetings, a ‘ground-breaking’ event and the distribution of posters and postcards. Public engagement ran alongside a comprehensive staff training programme. The new unit, named Halcyon, opened in October 2011; it features three birthing rooms, each with a birthing pool, a therapy room and a courtyard garden.²
The new Halcyon and Serenity units have had a positive impact on maternity care in the area; the trust now has the highest normal birth rate in the country, with 54 per cent of women in 2011/12 experiencing a ‘normal’ birth. In January 2013, SWBH NHS Trust’s maternity service won the Promoting Natural Birth category at the Royal College of Midwives’ national awards. In February, the trust was upgraded to Level 2 in the CNST (Clinical Negligence Scheme for Trusts) maternity standards in recognition of how the new service has contributed to a safer environment for mothers and babies.

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Although currently there are around 1,500 natural births at Serenity and Halcyon annually, the trust found that across the two units, the number of women giving birth was slightly below what had been expected; this was also leading to some overload at other trusts in the region. This led to a marketing campaign to encourage a higher number of referrals from local GPs.

Learning from success
The redesign of maternity services at SWBH NHS Trust forms part of an ongoing programme of service redesign at the trust. The first was a consultation of long-term future of acute care in the area, under the banner of Right Care, Right Here. This includes plans for a new hospital in Smethwick, supported by a network of smaller community hospitals. A second, related consultation looked at how services including surgery, paediatrics and pathology could best be delivered in the interim.

The most recent redesign initiative at SWBH NHS Trust has centred on stroke services. This was a clinically led project, aimed at improving patient outcomes. The engagement exercise, described by the trust as “almost a full-time job”, looked at options for
how stroke services, previously delivered on two sites, could be consolidated into a single hyper-acute stroke unit (HASU), with rehabilitation taking place on either one or two sites. When clinicians presented evidence that outcomes were likely to improve following a move to single-site working for both aspects of the service, this option gained clear public support. The new HASU opened in March 2013, to be followed shortly afterwards by the rehabilitation unit.

Other examples of service change have not needed to be subject to formal consultation due to the early and extensive engagement undertaken by the trust to involve stakeholders, patients, carers and members of the local community. The open relationship with the Joint Health Overview and Scrutiny Committee is key, ensuring consultation with stakeholders takes place early and frequently. To support and prepare clinical teams for the move to the new single hospital site and ensure that individual service redesign projects are delivered on time and within budget. This involves providing initial assessment of business cases and advising on good practice in consultation and engagement. However, despite this support, clinical leadership in service redesign and change is crucial.

Engaging with new media

In pursuit of wider opportunities for engagement, SWBH NHS Trust has launched the SWBHengage website, a membership and health information portal. Reflecting increased use of social media, the site aims to attract young people and professional adults, who may lack the time or inclination to engage in more traditional ways. The trust plans to develop a children’s zone and believes that social media are likely to play a major role in any future engagement programme.

References

1 Department of Health (2007) Maternity Matters: Choice, access and continuity of care in a safe service
2 www.swbh.nhs.uk/services/maternity
3 www.birthchoiceuk.com
4 www.rightcarerighthere.nhs.uk
5 www.swbhengage.com
Service redesign case studies

This NHS Confederation case study is part of a series designed to share good practice and lessons learned by local NHS organisations involved in reviews of local health services. We are very grateful to Jessamy Kinghorn, Head of Communications and Engagement, Sandwell and West Birmingham NHS Trust, for her participation in this case study. Except where noted, all quotations are attributed to Jessamy Kinghorn. All photographs and images reproduced are copyright Sandwell and West Birmingham NHS Trust.

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