



Transforming Midwifery Care
in Shropshire, Telford & Wrekin



Update on Transforming Midwifery Care Programme

Joint HOSC
2nd October 2019





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Recap on Reasons for Change



Reasons for Change

- Provide safe, high quality midwifery care now and in the future
- Improve the health of pregnant women and their babies
- Provide better patient experience, choice and personalised care for women and their families
- More women have services closer to home
- Right staff and services in the right place at the right time
- Make best use of resources

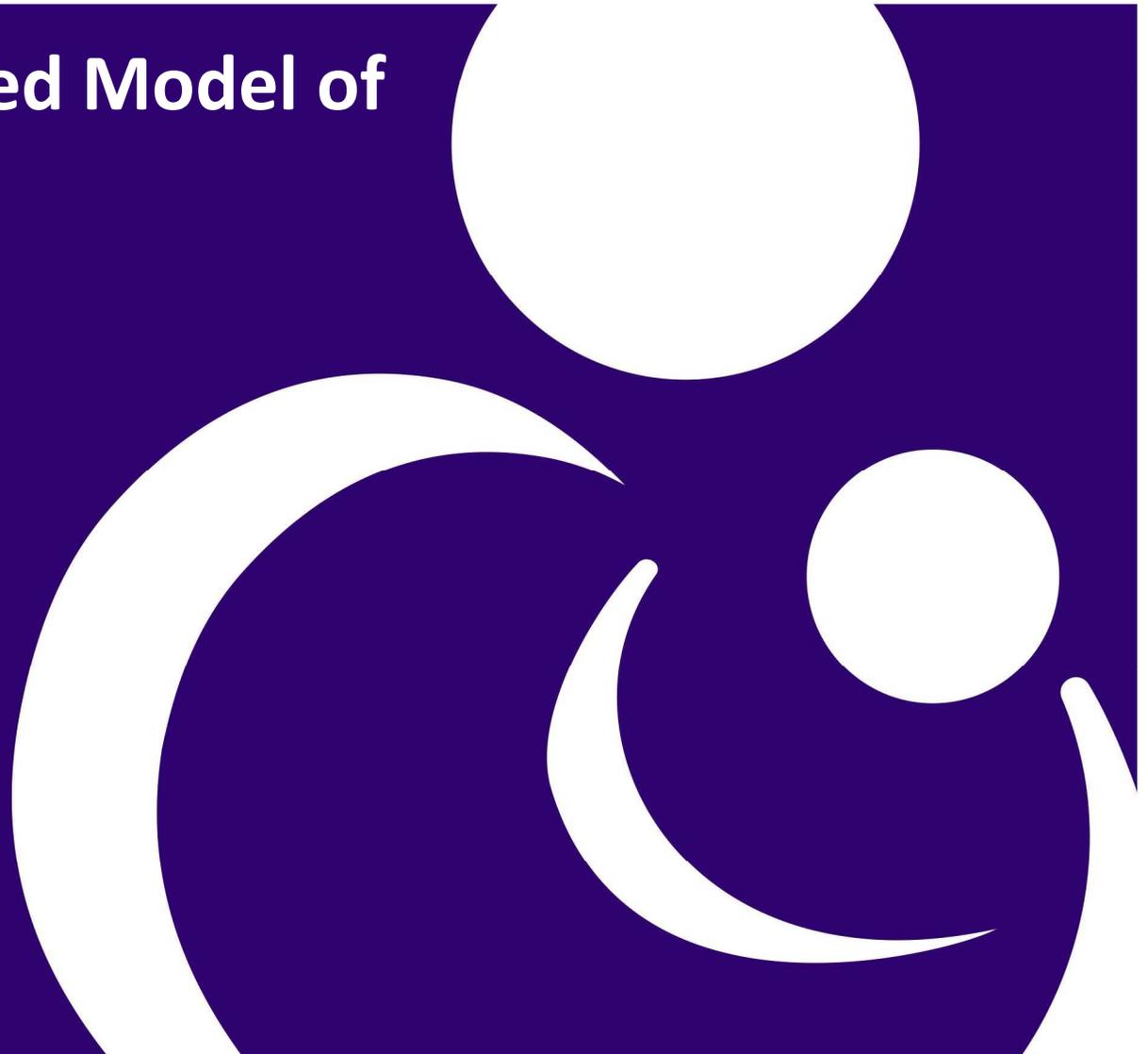




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Recap of Proposed Model of Care



Model of Care (1)

- Network of MLUs, Maternity Hubs, Clinics in the Community, Home Visits including Home births, 24/7 access to midwives
- Midwives and Maternity Support workers will work flexibly across the network, providing personalised care for women throughout pregnancy, birth and beyond
- **MLUs**
 - Only MLUs will be at PRH and RSH
 - Open 24/7 for births. Home births also available 24/7.
 - No inpatient postnatal provision. Women can stay up to 6 hours after giving birth.
 - All inpatient provision provided from consultant unit
 - The MLUs at RSH and PRH will also operate as maternity hubs, offering the same wide range of services 12 hours a day, seven days a week
- **Clinics**
 - Will continue to be available across the county. Currently over 50. In a range of locations including GP practices, children's centres and other community buildings.

Model of Care (2)

- **Maternity hubs**

- Open 12 hours a day 7 days a week
- Range of maternity services including midwife clinics, advice and support from Maternity Support Workers, growth scans and obstetric clinics.
- Range of related services such as perinatal mental health, smoking cessation, weight management
- Maternity Support Workers will be available during opening hours for advice and support. This will allow midwives to work flexibly across different settings, only needing to be at the hubs to run midwife-led clinics.
- Clinics will run at set times according to demand. Hubs will provide outreach into areas of particular need.
- The MLUs at RSH and PRH will also operate as maternity hubs, offering the same wide range of services 12 hours a day, seven days a week
- Women will only be able to give birth at hubs that are co-located with a MLU



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Options Appraisal Outcome



Outcome of Option Appraisal

- The options that ranked highest were those with the two MLU birthing hubs plus an additional three or four community based maternity hubs without birthing provision.
- Two measures used: a combined financial and non financial weighted score and a cost per benefit point calculation.
- In both calculations, there was only a marginal difference between having the additional 3 or 4 community based maternity hub options.
- Both 3 and 4 community based maternity hubs are clinically and financially viable; 4 hubs appeared to potentially offer additional benefit
- We then examined a range of data to ensure that the maternity hubs are proposed in the best locations where the most women will benefit
- This includes public health data looking at differential need, the equalities impact on women and a detailed travel access data analysis.

Location of Hubs: Needs analysis

Maternity Pathway	<ul style="list-style-type: none"> - Proportion of women on an intermediate/intense pathway for antenatal and postnatal care? - Proportion of women who had deliveries with complications and co-morbidities?
Risk	<ul style="list-style-type: none"> - Maternal Obesity - Women smoking at time of delivery - Deliveries to teenage mothers - Pre-terms births - Breastfeeding initiation - Use of alcohol during pregnancy - History of substance misuse (pregnant women) - Involvement with mental health services (pregnant women)

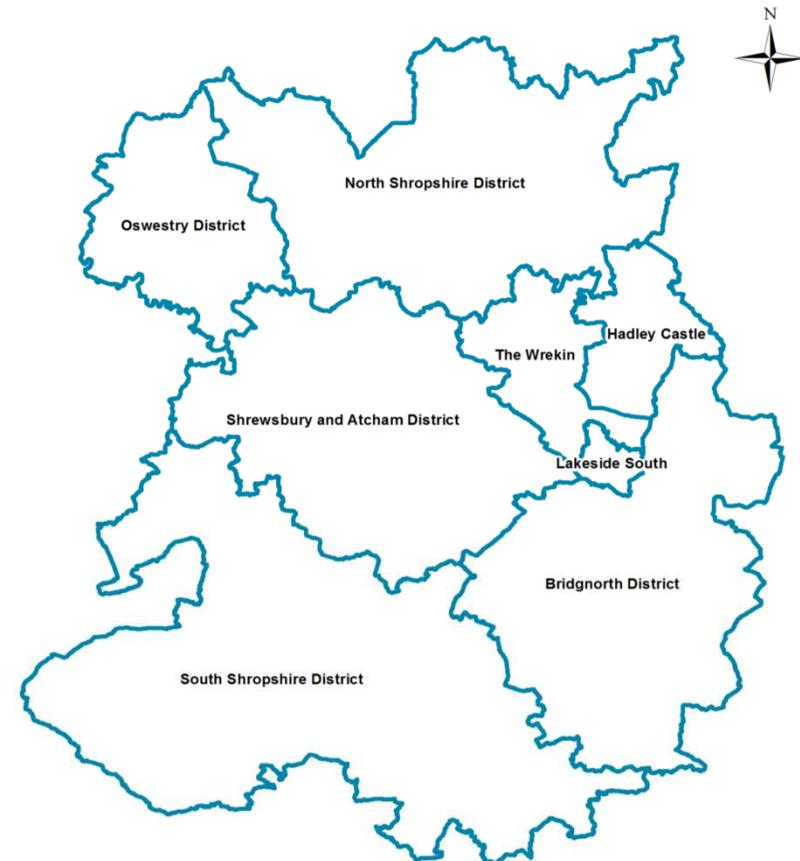
Location of Hubs: Needs Analysis

Deprivation	<ul style="list-style-type: none"> - Index of multiple deprivation - Income deprivation - IDACI - Health deprivation and disability - Barriers to housing and services
Population	<ul style="list-style-type: none"> - How many women aged 16-44 years live in the locality currently? - How is the population of women aged 16-44 years predicted to change over the next 10 years in the locality?
Demand	<ul style="list-style-type: none"> - How many women in this locality gave birth in 2016/17? - How many women in this locality have given birth in the last 5 years?
Access	<ul style="list-style-type: none"> - What is the distance/travel time from this locality to Royal Shrewsbury Hospital? - What is the distance/travel time from this locality to Princess Royal Hospital?



Understanding Differential Need

- 1 Lakeside South
- 2 Wrekin
- 3 Hadley Castle
- 4 Shrewsbury and Atcham
- 5 North Shropshire
- 6 South Shropshire
- 7 Oswestry
- 8 Bridgnorth





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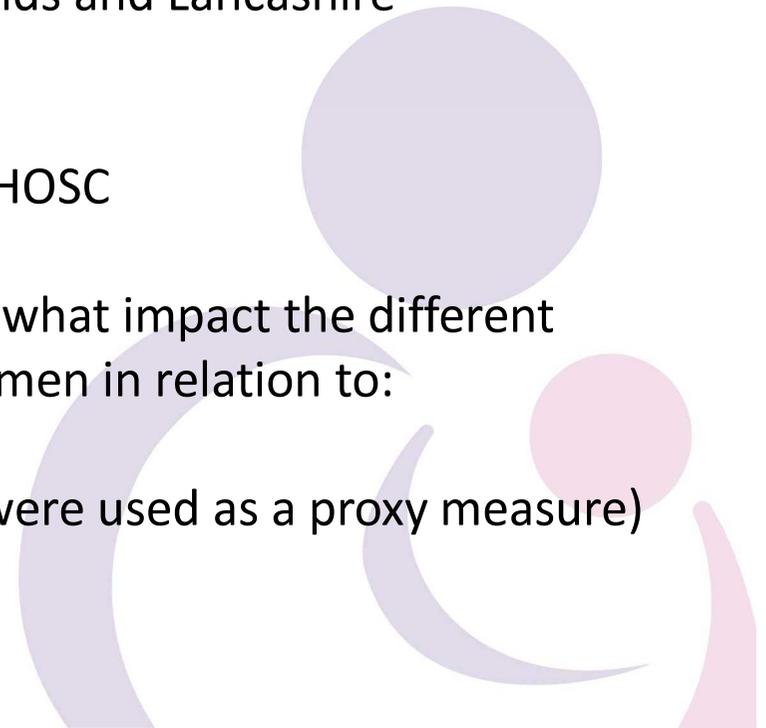


Access Impact Assessment Summary Findings



Background

- Access Impact Assessment commissioned in order to understand how potential hub locations would impact access and travel times for women and their families
- Undertaken by the Strategy Unit at Midlands and Lancashire Commissioning Support Unit
- The full report has been provided to the JHOSC
- The access impact assessment considered what impact the different potential hub locations would have for women in relation to:
 - Accessing birthing locations
 - Accessing hub services (dating scans were used as a proxy measure)



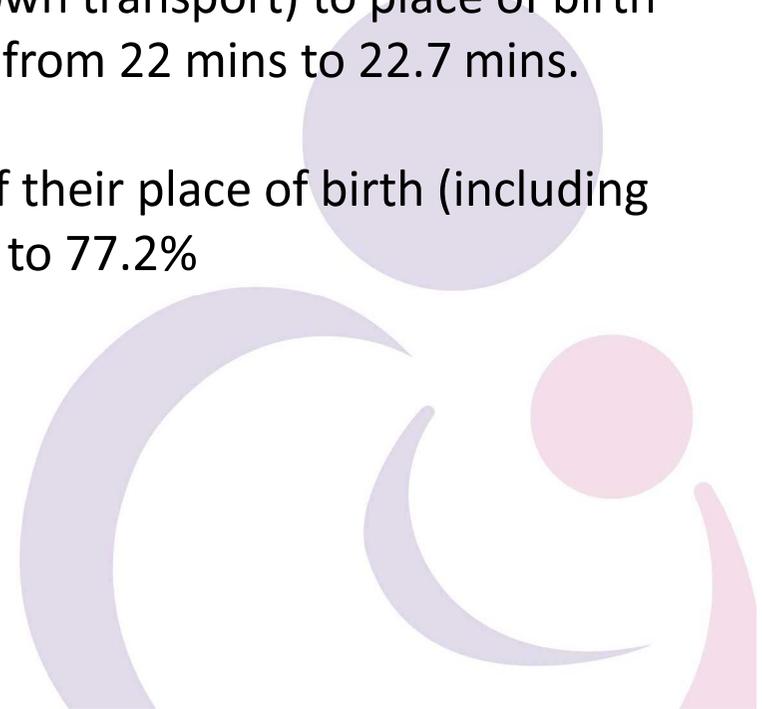
Births 2016/17

Site name	n women	%
The Princess Royal (Maternity)*	4071	90.6
Royal Shrewsbury (Maternity)	144	3.2
Bridgnorth (Maternity)	69	1.5
Oswestry (Robert Jones & Agnes Hunt Orthopaedic & District)	51	1.1
Ludlow	32	0.7
Subtotal	4367	97.1

In the same year, 264 women from Shropshire, Telford and Wrekin gave birth over the LMS border with 106 women delivering at Betsi Cadwaladr in Wrexham and others giving birth at English hospitals including Worcestershire Royal, Hereford County, Royal Stoke University, New Cross, Leighton and Russell's Hall.

Summary Findings : All Births (1)

- The impact of reducing the number of midwifery led birth locations overall makes a marginal difference, as the vast majority of women give birth in the consultant unit. (85%)
- Overall, mean journey time (weekday by own transport) to place of birth (including consultant led births) increases from 22 mins to 22.7 mins.
- Overall, the % of women within 30 mins of their place of birth (including consultant led births) reduces from 79.3% to 77.2%



Summary Findings : MLU Births (2)

- Looking at MLU births only, the mean car journey time will increase on average by 5 minutes from 15.9 mins to 21 mins.
- Looking at MLU births only, the mean travel time for public transport rises on average by approximately 11 minutes.
- Overall, the % of women within 30 mins of an MLU place of birth reduces from 92.7% to 78.4% and the % of women within 45 mins of an MLU place of birth reduces from 98% to 94.3%
- Mothers in Bridgnorth and Oswestry would have to travel on average around 15 minutes further by car to the nearest MLU.
- Mothers in South Shropshire would have to travel on average around 20-25 minutes further by car to the nearest MLU.

Access to Hubs: 13 Scenarios examined

	Other midwifery care														
	Current	2 + 3 hubs							2 + 4 hubs						
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Shrewsbury (RSH)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Wrekin (PRH)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Lakeside South	•	•			•	•	•	•	•	•	•	•	•	•	
Hadley Castle			•	•	•	•	•	•	•	•					
Oswestry	•										•	•			
Bridgnorth	•												•	•	
N. Shropshire (Whitchurch)		•		•		•			•		•		•		
N. Shropshire (Mkt Drayton)			•		•		•			•		•		•	
S. Shropshire (Ludlow)		•	•	•	•			•	•	•	•	•	•	•	

Summary Findings : Access to Hubs (1)

- Access to scans is currently worst in North Shropshire and South Shropshire where there is no existing facility
- All of the potential configurations slightly improve travel times compared to the current configuration regardless of location of hubs.
- In 2018/19, 92.8% women travelled up to 30 minutes for their dating scan
- In the new model of care between 94% and 99% of these women would have been within 30 minutes of their nearest hub depending on the scenarios for the location of hubs
- In line with the findings of the options appraisal, the access impact assessment indicates that the benefits of having four hubs rather than three is marginal.

Summary Findings : Access to Hubs (2)

The hub location scenarios that appear to have the greatest positive impact for a three hub model in terms of access are:

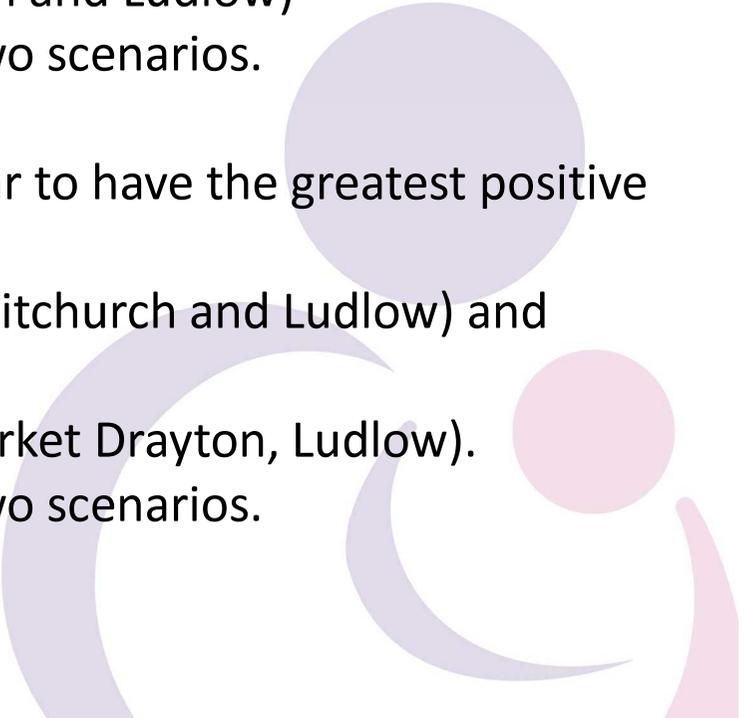
- Scenario 1 (Lakeside South, Whitchurch and Ludlow) and
- Scenario 2 (Lakeside South, Market Drayton and Ludlow)

There is marginal difference between these two scenarios.

For a four hub model the scenarios that appear to have the greatest positive impact are:

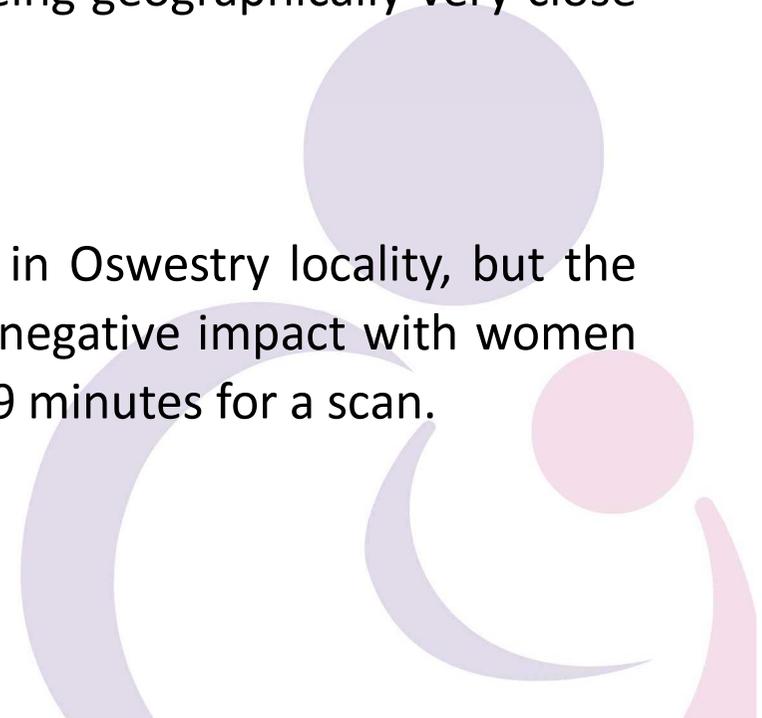
- Scenario 10 (Lakeside South, Oswestry, Whitchurch and Ludlow) and
- Scenario 11 (Lakeside South, Oswestry, Market Drayton, Ludlow).

There is marginal difference between these two scenarios.



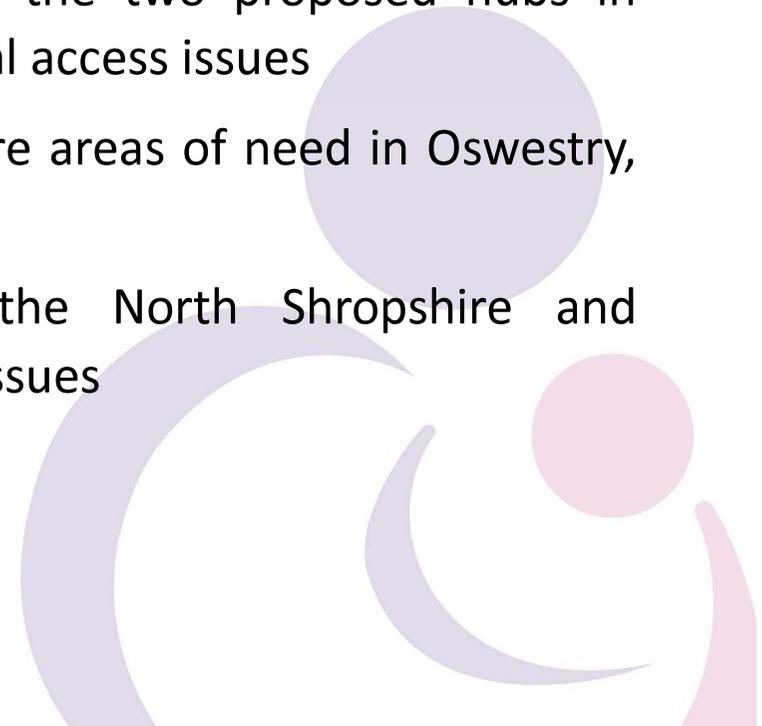
Consideration of Access and Needs Analysis

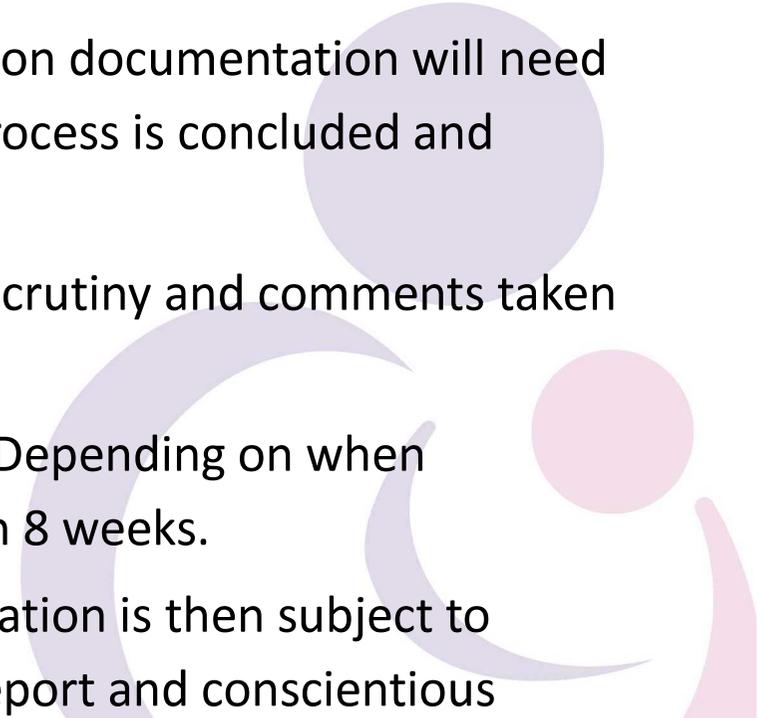
- Whilst need scores highly in the Telford localities, locating hubs in Hadley Castle and Lakeside South would appear to result in sub-maximal access in terms of travel time for women across the county area as a whole. This is due to Wrekin, Hadley Castle and Lakeside South being geographically very close to each other.
- Overall needs analysis scored relatively lower in Oswestry locality, but the access data analysis appears to have the most negative impact with women potentially travelling on average an additional 19 minutes for a scan.



Consideration of targeted support

- Hadley Castle has the highest population of BAME women and high levels of deprivation in parts.
- Access challenges are not necessarily related only to travel time and distance from services.
- Targeted outreach for Hadley Castle from the two proposed hubs in Telford and Wrekin could address any cultural access issues
- The evidence suggested that whilst there are areas of need in Oswestry, the numbers are comparatively very low.
- Targeted outreach for Oswestry from the North Shropshire and Shrewsbury Hubs could address any access issues



- Any proposals are subject to NHSE/I assurance process. Regional Stage 2 Panel date confirmed in October.
 - National sign off will follow the Regional panel
 - Feedback received from NHSE/I on the proposed model to date has been positive.
 - PCBC and final proposals including consultation documentation will need to go to CCG Boards after NHSE Assurance process is concluded and before consultation process begins
 - These will also be shared with JHOSC for its scrutiny and comments taken into account.
 - Start date for consultation yet to be agreed. Depending on when consultation starts, it will not be shorter than 8 weeks.
 - The final proposal that we do take to consultation is then subject to change following the consultation findings report and conscientious
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Questions?

