

Minutes

WESSEX CLINICAL SENATE COUNCIL MEETING

Minutes of the Wessex Clinical Senate Council Meeting held at Solent Meeting Room, Ordnance Survey Offices, Adanac Drive, Southampton on Thursday 12th June 2014

Present: Professor William Roche (WR) Clinical Senate Chair, Wessex Area Team, Stuart Ward (SW) Medical Director, NHS England, Wessex, Nigel Watson (NW) GP Frank Rust (FR) Patient and Public, Lesley Ayling (LA) Clinical Director for Children and Families, West Hampshire CCG Lionel Cartwright (LC) GP and Dorset CCG Andrew Mortimore (AM) Director of Public Health, Southampton City Council, Simon Plint (SP) Dean, Health Education Wessex, Ranjit Mahanta (RM) Consultant Psychiatrist, Frimley Park Hospital, Suzanne Cunningham, (SC) Consultant Midwife, University Hospital, Southampton, Alyson O'Donnell (AO) SCN Clinical Director, Maternity, Children and Young People, Laura Edwards (LE) GP and Medical Director, Wessex LMC

Invitees: John Black (JB) Medical Director, South Central Ambulance, Matthew Coleman (MC) Consultant Obstetrician, University Hospital, Southampton, Maria Dore (MD) Head of Midwifery University Hospital, Southampton, Clara Haken (CH) Consultant Midwife, Hampshire Hospitals Michael Heard (MH) Consultant Gynaecologist Hampshire Hospitals, Gill Walton (GW) Director Of Midwifery, Portsmouth Hospitals, Cressida Manning, Consultant Perinatal Psychiatrist, Dorset Health Care Foundation Trust, Nicky Priest (NP) Nursing Directorate, Annie Hunter (AH) IOW Hospitals, Karen Jones, Frimley Park Hospital.

Attendees: Debbie Kennedy (DK) Wessex Senate Manager, Sara Cobby (SC) Wessex Senate Admin Lucy Sutton (LS) SCN & Senate Associate Director, Sam Chapman Wessex SCN, Hilary Kelly (HK) Wessex SCN Manager

Apologies: Felicity Cox (FC) Area Director, Matthew Hayes (MH) SCN Clinical Director, Richard Jones (RJ) SCN Clinical Director, Gary Connett (GC) Wessex Academic Health Science Network, Hayden Kirk (HK) Hayden Kirk (HK) Consultant Physiotherapist, Solent NHS Trust, Jim O'Brien (JO) Public Health England, Sally Nelson (SN) Medical Advisor, Specialised Commissioning

Introduction- Professor William Roche

The Chairman set the scene by reminding the panel that following the Study Day in Dorset it was now time to consider obstetric and maternity care in terms of a strategic overview looking at pathways rather than organisations.

The Chairman asked if any conflict of Interest had to be declared and reminded the Senate Council of the Open Day for Senates and Networks on 2nd July 2014.

The Chairman reminded the Council that the outcome for Maternity services was not just relevant to early life but could determine the health of an individual throughout their life. He also reminded the Council of papers he had circulated which placed the maternity and early childhood outcomes in the England in the context of other countries and identified that there was no room for complacency.

Public Health Review – Andrew Mortimore & Ruth Milton

It was emphasised that although the South of England were relatively affluent there were areas of high need with children living in poverty. Furthermore, there were major demographic changes in terms of an increase in over 85's, international migration and significant housing developments particularly in Mid and North Hampshire that would bring people into the area.

The panel was reminded that while the majority of child deaths occur before the age of 1 in children with congenital abnormalities, there were also preventable causes and significant costs in association with supporting children with long term conditions.

There were challenges in terms low rates of breast feeding particularly in some areas, maternal smoking, obesity and inactivity.

During discussion, concerns were expressed about the pressure on Health Visiting, increased attendance at paediatric emergency departments and asthma deaths.

Strategic Clinical Network for Maternity, Children and Young People, Dr Alyson O'Donnell –

Alyson O'Donnell reemphasised the importance of care from pre conception right throughout the early years of life and the associated challenges to the workforce in midwifery and obstetrics. There were difficulties with risk stratification, with difficulties in predicting poor outcomes with mother and babies, the rates of stillbirth had not been addressed and we still lag behind our European comparators.

Workforce challenges included reliance on trainees and lack of consultant presence and difficulty in providing optimal ratio to midwives to births.

The provision of obstetric services required centralisation in the major cities, in Hampshire and Dorset. It was also recognised that geographic constraints requiring provision in the IOW.

The changes in the workforce in obstetrics and the impact on work patterns were emphasised. There was support for the delivery of obstetric care by fully trained doctors rather than reliance on trainees. This required the formation of a central obstetric unit together with LMU alongside. The importance of midwife, based triage through labour line at the ambulance HQ was emphasised as this led to a more appropriate referral to birthing units.

Gill Walton – Portsmouth Hospitals

Portsmouth maternity services have changed over past 3 years and now operate a hub and spoke model. Hubs are Maternity centres and spokes are Children's centres and Health Centres in the community. Maternity professionals therefore are now always available. Vulnerable women are also a priority. Support workers drawn from local community help the less vulnerable. Partnership working is still in progress – still a lot of work to do with GPs (e.g. vacancies for GP roles in children's centres).

The discussion centred on the need to recruit appropriately skilled staff close to home who need not be midwives, health visitors or GPs. However, there was a role for GPs in obstetrics. The difficulty in getting GPs involved and the lack of experience of many GPs in obstetrics was noted.

Karen Jones – Frimley Park Hospital

On 1st August 2014, Frimley Park will acquire Heatherwood & Wexham Hospital. Large Obstetric Unit at Frimley serving 3 counties: Surrey, Hampshire and Berkshire have 5,600 births per annum. 132 hours of Consultant cover per week with 14 Consultants. Midwifery ratio is currently 1:33 but aiming for 1:31. No recruitment problems currently. Home birth rate is only 2%. Alongside Midwife-Led Unit being set up.

Michael Heard/ Clara Haken - Hampshire Hospitals

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University Hospitals Southampton, Matthew Coleman/Maria Dore

Need for a different model of working for Wessex was emphasised, with super-complex obstetrics increasing as well as the need to support the local community. It was important to ensure that services working with families require all the professionals to have contact with each other.

Ambulance Services, John Black

The importance of seamless access to emergency care and high quality telephone advice was reemphasised. Urgent transfers need to be prioritised as waits beyond 60 minutes were associated with increased perinatal mortality.

Because of the clinical patterns across the patch and the involvement of multiple ambulance services there was a need to look at geographic boundaries and to ensure that these serve the patients in the best possible way.

In discussion it was identified that one of the major problems was the length of time required to find an appropriate bed or place of care for a patient, which led the actual time in ambulance to become insignificant.

Primary Care, Nigel Watson

The current recruitment crisis in Primary Care was identified as a major challenge with high rates of retirement in the next 2 years. Again, there was support for moving from silo working and thinking beyond the current service to ensure comprehensive patient care.

Mental Health, Cressida Manning

The importance of Perinatal mental health services the prevention of maternal deaths was emphasised. It was identified that they retain inpatient beds in Melbury Lodge in Winchester and a 5 bed unit in Dorset. Community services are provided in East Dorset but not West Dorset.

The services did not provide inpatient accommodation for either Portsmouth or the Isle of Wight.

It was identified that there were inequities in access for mothers with severe mental problems and similarly, that there was not uniform access for midwives seeking advice. Training and education was seemed to be critical to the provision of a comprehensive service.

In discussion it was also identified there was a need to support women with mild to moderate anxiety and/or depression in pregnancy and to provide support for fathers. It was also identified other problems with drugs and alcohol abuse and personality disorders which were difficult to address in the context of pregnancy.

Engaging Patients and the Public, Nicky Priest

The work being done by the Nursing Directorate and Strategic Clinical Networks/Senate to develop a strategy for stakeholder engagement was described. It was identified that it was difficult access the views of women, there were fewer maternity service liaison committees than in the past and it was difficult to engage potential families in areas of deprivation. Children's centres could be a useful way to access women and hear about their experiences. There was also a need to engage fathers.

In Summary

Following questions and answers, the Chairman thanked all those that had given evidence at the Senate Council and indicated that the Senate Council would retire to consider its recommendations which would be high level recommendations concerning the sort of services that should be commissioned to ensure a healthy start in life and good outcomes for families. The invited guests left the meeting.

Structuring the recommendations

The Chair suggested that the recommendations should be structured as follows so that they follow the mother in pregnancy so outline what strategic aims would achieve the best outcomes for the family. A number of general points were made in each category:

Preconception Care – It was noted that there was no NICE guideline which related to this part of the pathway but research has demonstrated that interventions at this point could have a long term and significant impact on outcomes for the population.

Antenatal Care – It was noted that there would be some repetition in the recommendations for the antenatal and postnatal pathways.

Intrapartum Care - It was noted that there was no NICE guideline which related to this part of the pathway but research has demonstrated that interventions at this point could have a long term and significant impact on outcomes for the population. There were geographical challenges in some parts of Wessex which may require innovative models of care if access is to be improved.

Postnatal Care – The importance of good working relationships between GPs, midwives and health visitors was emphasised because most women spend less than 24 hours in a maternity unit before going home.

Service Delivery –It was noted that the formation of a clinical/operational network had been discussed at the Strategic Clinical Network to oversee the implementation of the recommendations and the vision. The aim should be to provide access to services and care closer to home using telemedicine, technology and appropriately skilled staff who may not be midwives, nurses, health visitors, professions allied to medicine or GPs.

The Senate Council deliberated and produced its recommendations to the Strategic Clinical Network.