

East Kent Maternity Services Review

An independent analysis of the public response to a maternity services consultation by the Centre for Nursing and Healthcare Research at the University of Greenwich



Professor Elizabeth West
Val Chandler
Paul Newton
Anna Forsman

March 2012

Executive Summary

Background to Report:

This document presents the results of an analysis of the responses to the formal public consultation on east Kent maternity services which took place over a 14 week period from 14th October 2011 to 20th January 2012. The consultation was conducted by NHS Kent and Medway, and the data gathered was analysed independently by the Centre for Nursing and Healthcare Research at the University of Greenwich.

The Consultation Process:

The consultation was widely advertised and members of the public and other interested stakeholders, such as local and national organisations, were invited to take part. A consultation document outlined the need for change, and contained a survey. This information was also available on a dedicated website. Members of the public could attend public meetings and presentations were made by the Maternity Review Group to local organisations with a responsibility for health.

Respondents were asked to consider three main areas of maternity service provision - the reasons for change, three main options for service provision and their views on how to improve services. The options proposed for changing services were:

- Option 1: Stop births at Dover and Canterbury centres
- Option 2: Stop births at Dover birthing centre
- Option 3: Stop births at Canterbury birthing centre

All of these options maintained midwife-led daytime antenatal care, day clinics and daytime postnatal care in the respective centres with the loss of overnight postnatal care in the stand alone midwife-led units. The options also stated that the new midwife-led unit at Margate could open and staffing levels could be increased to provide one-to-one care.

Response:

- 446 surveys were returned
- 10 public meetings were held
- 4 meetings with staff at the main maternity sites were held
- There were 9 organisational responses
- A text petition with 435 'signatures' was received.

Findings:

There was strong support for the reasons for change amongst respondents.

The preferred option with the strongest response rate amongst the survey respondents was Option 2 (retaining births at Canterbury) which 41.3% of the respondents chose. Option 1 (closing birthing services at both locations) closely followed this with 38.4%. Option 3 was the preferred option for 20.4% of the respondents. 14% of all respondents chose not to answer this question.

There was strong support for the arguments for improving services amongst respondents and respondents wanted more resources for antenatal and postnatal care, as well as maternity services in general.

Table of Contents

Executive Summary	1
1. Introduction	5
2. How the Consultation was Conducted	5
2.1. Consulting with members of the public.....	5
2.2. Consulting with staff.....	6
2.3. Consulting with organisations	6
2.4. Advertising and publicity	6
3. The Consultation Proposals	7
4. Research methods	8
5. The Public Response	9
5.1. Survey Findings	9
5.2. Public Meeting Findings.....	31
5.3. Response from staff meetings.....	33
5.4. Meetings with organisations	34
5.5. Organisational Responses.....	35
5.1. Emails, telephone calls and letters	36
5.2. Petition.....	36
5.3. Hard to reach groups	36
6. Summary of findings	37

Table of Tables

Table 1. Reach of the consultation	6
Table 2. Alternatives	8
Table 3. Cross-tabulation Postcode*Preferred option	29
Table 4. Postcode*Preferred Option cross tab.....	30
Table 5. Staff meetings attendance by profession	33
Table 6. Themes from staff meetings	34
Table 7. Organisational Meetings	35
Table 8. Organisational responses.....	36
Table 9. Communication during consultation period	36

Table of Figures

Figure 1. Response rate over time.....	9
Figure 2. Postcode distribution in the survey.....	10
Figure 3. Population in East Kent.....	11
Figure 4. Women should be offered a choice of type of delivery:	12
Figure 5. The new midwife-led birthing unit	13
Figure 6. Midwife-led services in a hospital near a consultant-led	14
Figure 7. I understand that maternity services in east Kent need to change.....	15
Figure 8. Do you agree that the option selected need to be affordable now and in the future?.....	16
Figure 9. Advantages of Option 1 (closing both Canterbury and Dover)	17
Figure 10. Disadvantages of Option 1 (closing both Canterbury and Dover)	18
Figure 11. Advantages of Option 2 (Retaining birthing services at Canterbury)	19
Figure 12. Disadvantages of Option 2 (Retaining birthing services at Canterbury)	20
Figure 13. Advantages of Option 3 (Retaining birthing services at Dover)	21
Figure 14. Disadvantages of Option 3 (Retaining birthing services at Dover)	22
Figure 15. Preferred option	23
Figure 16. Any other comments?	24
Figure 17. Women should be able to have as normal	25
Figure 18. Every woman should receive one-to-one care	26
Figure 19. The NHS should continue to invest in resources	26
Figure 20. Improvements to antenatal and postnatal care.....	27
Figure 21. Improving maternity services	28
Figure 22. Public Meetings Attendance (absolute numbers)	31
Figure 23. Public Meetings Attendance (percentage)	31
Figure 24. Organisations at public meetings	32
Figure 25. Public Meetings Attendance, public or organisational.....	32

1. Introduction

This is a report on the review of maternity services in East Kent, commissioned by NHS Kent and Medway and provided by the Centre for Nursing and Healthcare Research in the School of Health and Social Care of the University of Greenwich.

This report will present the results of an analysis of the responses to the formal public consultation on east Kent maternity services; the report will be submitted to the Maternity Services Review Group who will consider it along with other clinical evidence and national guidance and make recommendations to the Boards of East Kent Hospitals University Foundation Trust (EKHUFT), the East Kent Federation of Clinical Commissioning Groups as well as the Kent and Medway Primary Care Trust Cluster.

The scope of this report includes all surveys, both paper and electronic, completed by the public and maternity service users, during the period of the public consultation from 14th October 2011 to 20th January 2012, provided by NHS Kent and Medway for analysis. Additionally other types of consultation activities during the period including summaries of public meetings, staff meetings, organisational responses, petitions and emails are presented.

The approach includes analysing the survey data, to explore the public view of maternity services in east Kent and identification of the public's preferred option as well as the records of public and staff meetings.

2. How the Consultation was Conducted

The consultation took place over a 14 week period from 14th October 2011 to 20th January 2012.

2.1. Consulting with members of the public

Members of the public were given a range of ways to take part in the consultation. The consultation was publicised using posters, newspaper and radio advertisements, e-mails to GP surgeries, children's centres and public libraries as well as other child and parent centred organisations. 2000 full and 10 000 summary documents were available across east Kent in GP practices, libraries, children's centres and other community venues along with 30 000 copies of the 'Your Health Magazine' which featured the review. Added to this, over 1000 e-mails were sent, notifying the public about the consultation and explaining how to participate in the survey. The consultation was also announced on the EKHUFT website and an online survey could be accessed from that website. The Maternity Services Liaison Committee publicised the consultation on their Facebook page and the National Childbirth Trust promoted it in their antenatal classes. The full consultation documents were also available on the EKHUFT website. Informal visits to 45 parent and child centred facilities were also made to raise awareness of the consultation and encourage participation. The views of hard to reach groups, such as learning disabilities groups, were also sought by outreach visits to community groups.

The consultation documents were provided in a variety of formats and languages, including easy read, Braille, Chinese, Czech, Nepalese documents. These documents could be requested via telephone or e-mail and some were available online.

Participants had the option of responding through a paper or an electronic survey. Members of the public could also attend public meetings to gain clarity and express their views about the maternity service changes. Alternatively, people could e-mail their concerns directly to East and Coastal Kent PCT.

2.2. Consulting with staff

Staff across east Kent were invited to attend local meetings to discuss the service review and survey options. Staff were also invited to complete the survey in paper or electronic form.

2.3. Consulting with organisations

Organisations were also given information about the consultation mainly via e-mail. Local districts, city councils and the Health Overview and Scrutiny Committees (HOSCs) were offered the opportunity to receive a presentation from members of the maternity review group. This presentation was consistent with the presentations given at the public meetings. A meeting was also held with representatives from the Royal College of Midwives. Members of organisations could attend public meetings.

Who?	How were they reached?	How could they respond?
Members of the public	Posters, website, public meetings, radio adverts, newspaper adverts.	Paper survey, electronic survey, public meetings, e-mail
Staff	Posters, website, public meetings, radio adverts, newspaper adverts, staff meetings	Paper survey, electronic survey, staff meetings, e-mail
Organisations	e-mail, presentations, public meetings	e-mail, letters, public meetings

Table 1. Reach of the consultation

2.4. Advertising and publicity

The consultation was publicised by NHS Kent and Medway using a variety of communication channels, including radio, television, newspapers, posters and other written media. EKHUFT also issued several press releases during the consultation period.

Local newspapers, television channels and radio stations also reported on the consultation, including public meetings in locations such as Canterbury and Dover.

3. The Consultation Proposals

The maternity consultation document stated that the need to consult the public about changes to maternity services in east Kent stemmed from an increase in the local birth rate and changes in the pattern of where women are choosing to give birth. Key concerns were the midwife to birth ratio, which varied considerably in the different types and locations of service. Another concern was the capacity of the system to maintain quality and safety for all women and make services financially sustainable.

The consultation survey asked the public for their views on the future of maternity services in east Kent. The changes proposed related specifically to birth services with antenatal and postnatal services remaining substantially the same.

The survey asked the respondents to consider three main areas regarding maternity services. These areas were around reasons for change, the three main options and improving services. Respondents were also asked to provide some demographical data about themselves.

The options proposed for changing services were:

- 1) "Stop births at Dover and Canterbury centres, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led unit at Margate. Increase staffing levels to provide one-to-one care"
- 2) "Stop births at Dover midwife-led centre, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led centre at Margate. Retain Canterbury birth centre. Increase staffing levels to provide one-to-one care. "
- 3) "Stop births at Canterbury midwife-led centre, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led service at Margate. Retain Dover birth centre. Increase staffing levels to provide one-to-one care."

A summary of the options are provided in the table below.

East Kent Maternity Services Options:		QEQM		WHH		CBU	DBU
		OU	BU	OU	BU		
1.	Cease births at Dover and Canterbury whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓		
2.	Cease births at Dover whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓	✓	
3.	Cease births at Canterbury whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓		✓
<i>Key:</i>							
QEQM	Queen Elizabeth the Queen Mother Hospital	CBU	Canterbury Birth Unit (midwife led)				

WHH	William Harvey Hospital	DBU	Dover Birth Unit (midwife led)
BU	Birth Unit (midwife led)	OU	Obstetric Unit (consultant led)

Table 2. Alternatives

The maternity consultation document outlined the advantages and disadvantages of each option and how they would impact on quality of care, capacity, funding and impact on existing service provision. Respondents were also given the opportunity in the survey to describe what they perceived to be the advantages and disadvantages of each option.

4. Research methods

The survey was a mixture of open and closed questions (see Survey in Appendix Three).

Open-ended responses: The qualitative data gathered in the consultation was analysed using framework analysis. Framework Analysis is a method of analysis developed by the National Centre for Social Researchⁱ, which has become popular in health service-related studies. The advantage of the approach is that it provides systematic and visible stages to the data analysis process. The approach involved five key stages: familiarization; identification of a provisional thematic framework; indexing; charting; and mapping and interpretation. In short, data was read through and common themes in the responses were developed and identified. The codes and the thematic framework were then applied to all responses. The codes were then analysed using the statistical software package mentioned in the beginning of this chapter. A more detailed description of the stages involved in this analysis can be found in the Technical Addendum. The themes identified in the analysis have been compiled in a series of charts. The charts are depicted below

Closed questions: These questions were analysed using Statistical Package for Social Sciences (SPSS) – a statistical analysis software package. This allowed us to quantify the number of responses to these questions.

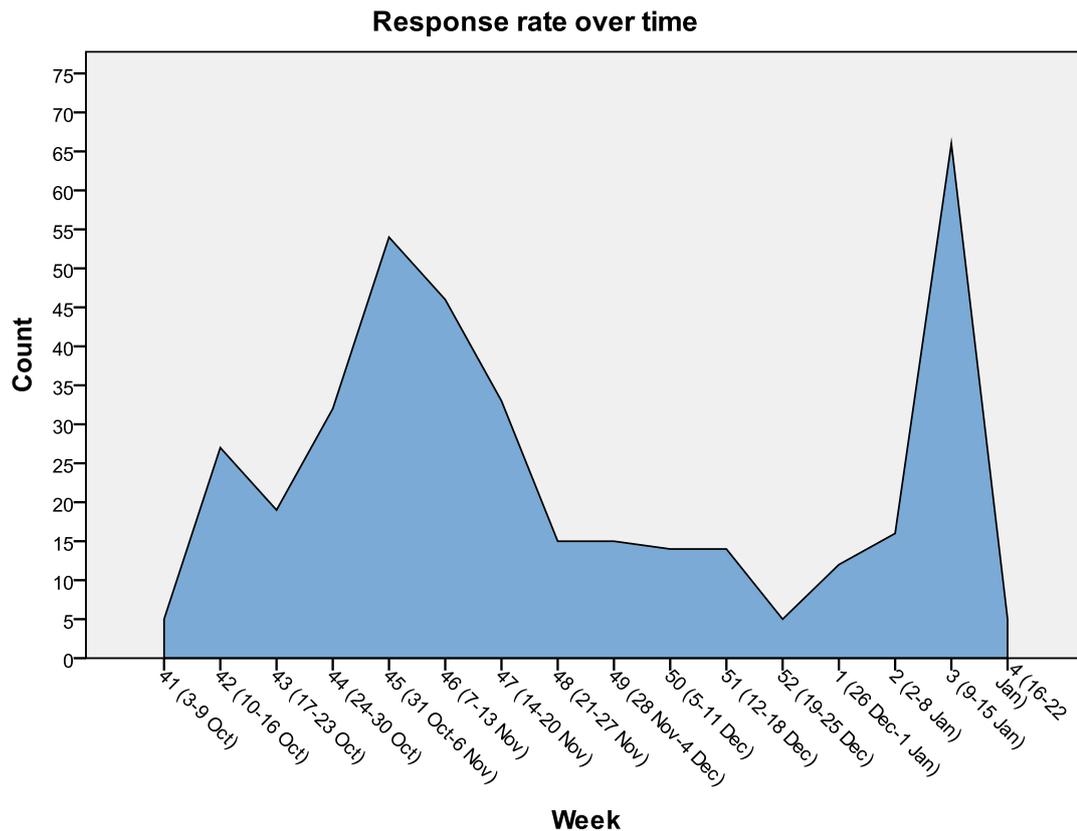
A technical supplement is included in the appendices to this report.

ⁱ Richie, J & Lewis, J (2006) *Qualitative Research Practice: A guide for social science students and researchers*. London, Sage.

5. The Public Response

5.1. Survey Findings

Data from the surveys were entered into the statistical software package SPSS. The results from the data analysis are presented in this section. The survey consisted of 17 closed questions and 9 open-ended questions. There were 446 responses in total to the survey. Over the 14 week period of the consultation 212 respondents chose to complete the paper survey and 234 respondents completed the online survey. The response rate over time is depicted in the graph below.



Missing from analysis=68, due to date on survey illegible

Figure 1. Response rate over time

All respondents were asked to self-report their age, ethnicity etc. using an established set of criteria (Section About You in the survey). The majority of respondents (70%) were current or recent maternity service users, and almost half were aged between 25-34. Only 8.4% of respondents were health or social services staff. The organisations represented can be found in Appendix One. 93% of all respondents were female and 87% were either English/Welsh/Scottish/Northern Irish or British. 10% of the respondents reported having a disability of some sort. Respondents heard about the maternity consultation in a variety of ways. Most (35%) stated that they heard about the maternity review from an unspecified source. 17% heard about the consultation in the newspaper or other media, 17% at a community meeting and 15% heard about it online.

Distribution of respondents

The survey also asked for the first part of the respondents' postcodes. Based on this information the postcodes were then divided by local authority areas in east Kent, aligning with the 6 local authority districts. A proportion of postcodes could not be attributed to any one local authority area and were assigned to a separate category (non-attributable postcodes). The distribution of respondents to postcodes is depicted in Figure 2.

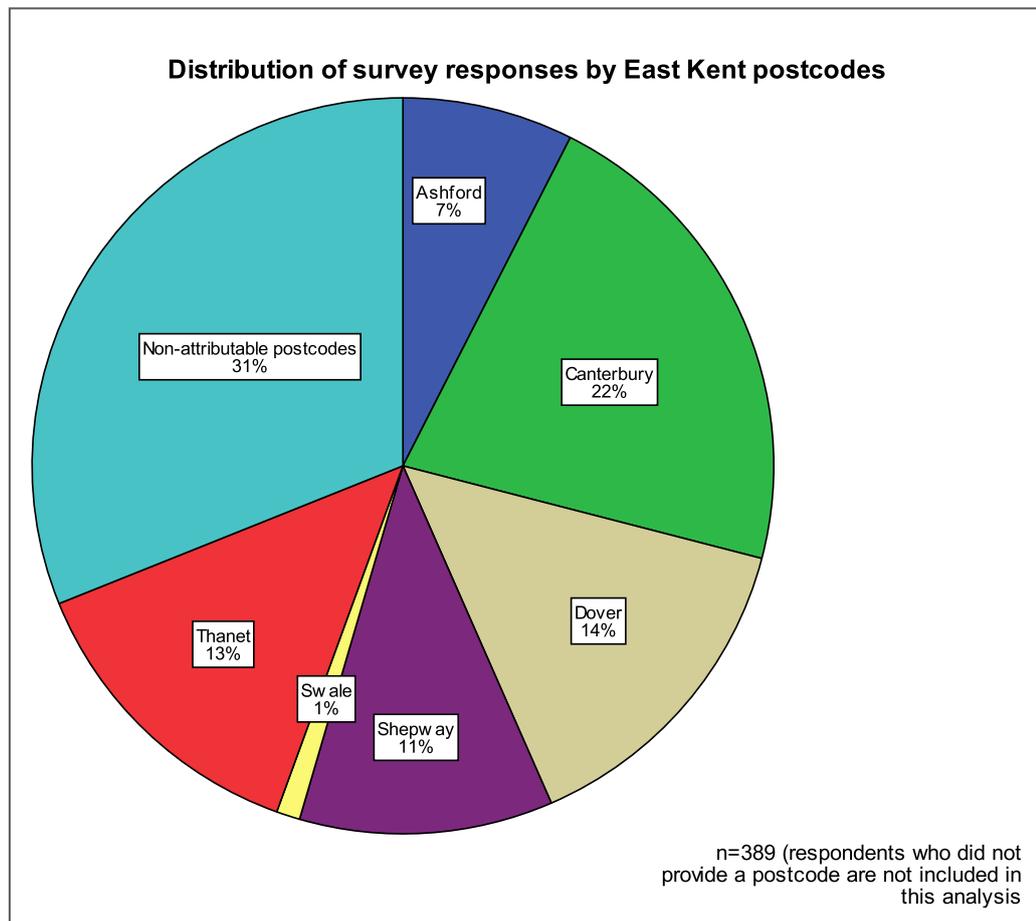
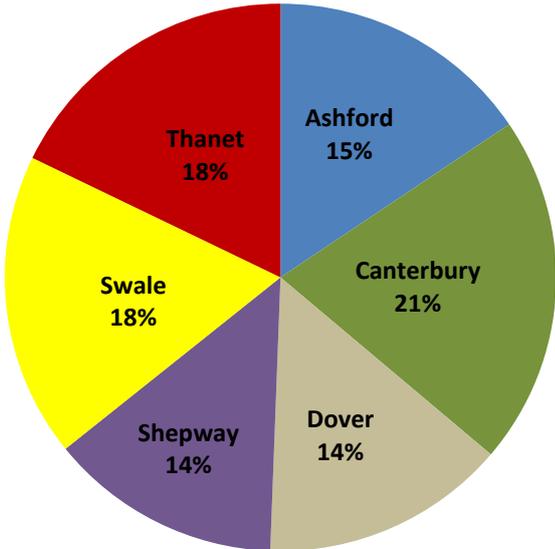


Figure 2. Postcode distribution in the survey

The distribution of the respondents across East Kent matches the actual population relatively well. The population of east Kent can be seen in Figure 3 below. The source for this data is The Office for National Statistics. It would appear that Ashford and Swale are under-represented in the survey (Swale: 18% of population, 1% of survey respondents, Ashford: 15% of the population, 7% of survey respondents). Some of the apparent under-representation may be a product of the category 'Non-attributable postcodes'. Historically, Swale residents look to Medway for services. This may explain why responses were low in this area.

Distribution of East Kent population



In total: 742,400

Figure 3. Population in East Kent

Section 1: Reasons for change

Respondents in this section were asked their views on future changes in maternity services. The results from the closed responses in section 1 are depicted in graphs below. The respondents who chose not to answer these questions are not included in this analysis, which is the reason why the number of responses for each question is different. The responses were represented on a Likert-type scale, where respondents were asked to show their level of agreement or disagreement with the statement presented.

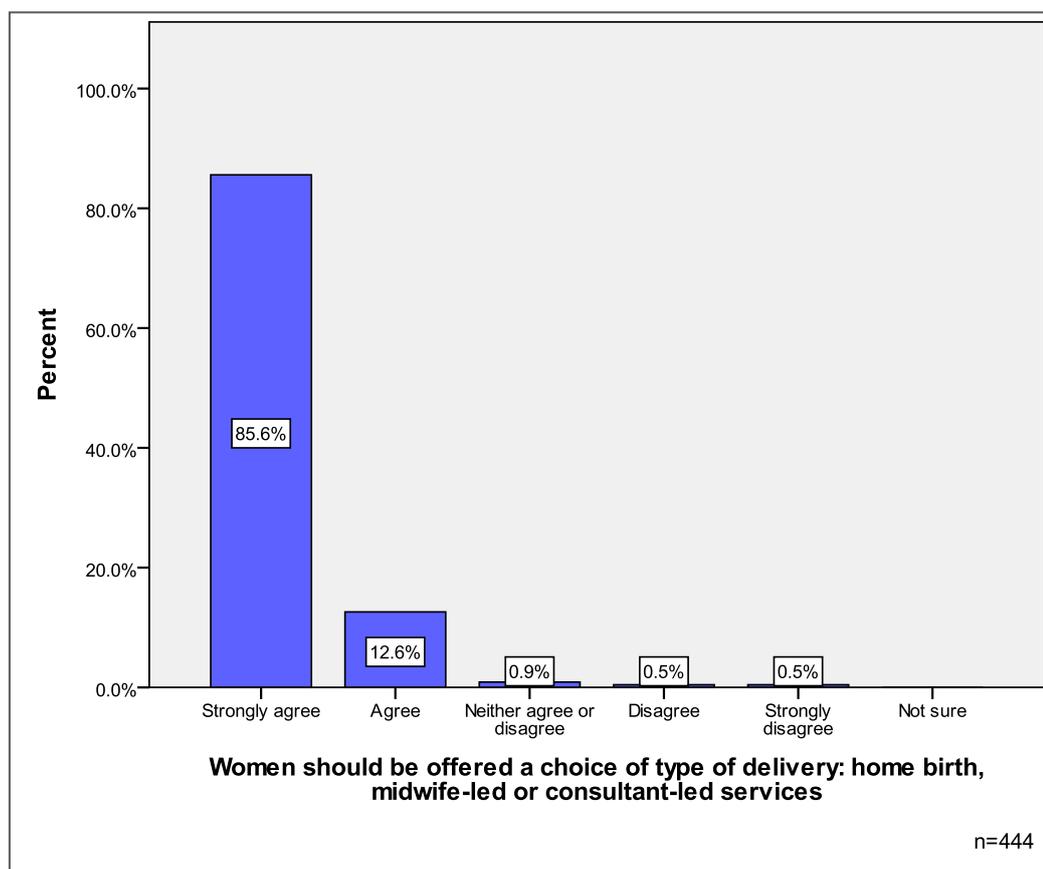


Figure 4. Women should be offered a choice of type of delivery: home birth, midwife-led or consultant-led services

An overwhelming majority (98%) of respondents strongly agreed or agreed that women should be offered a choice of type of delivery.

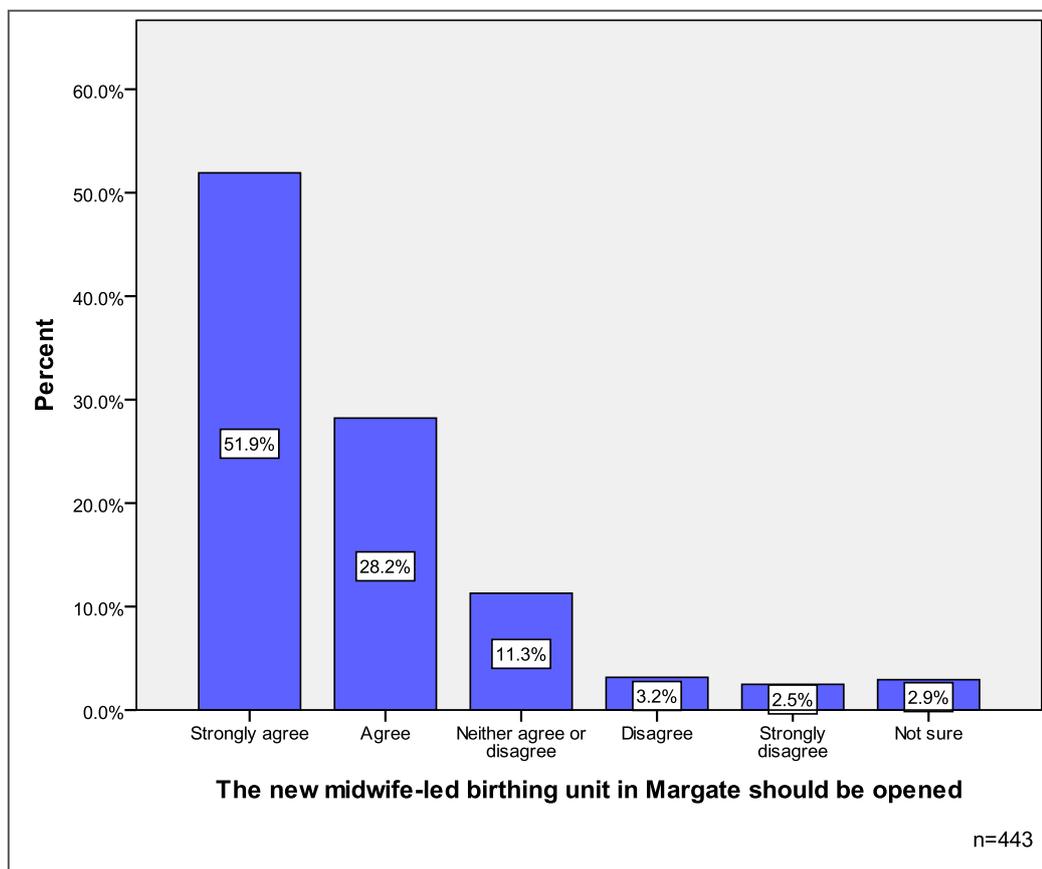


Figure 5. The new midwife-led birthing unit in Margate should be opened

There was also strong agreement that the unit in Margate should be opened.

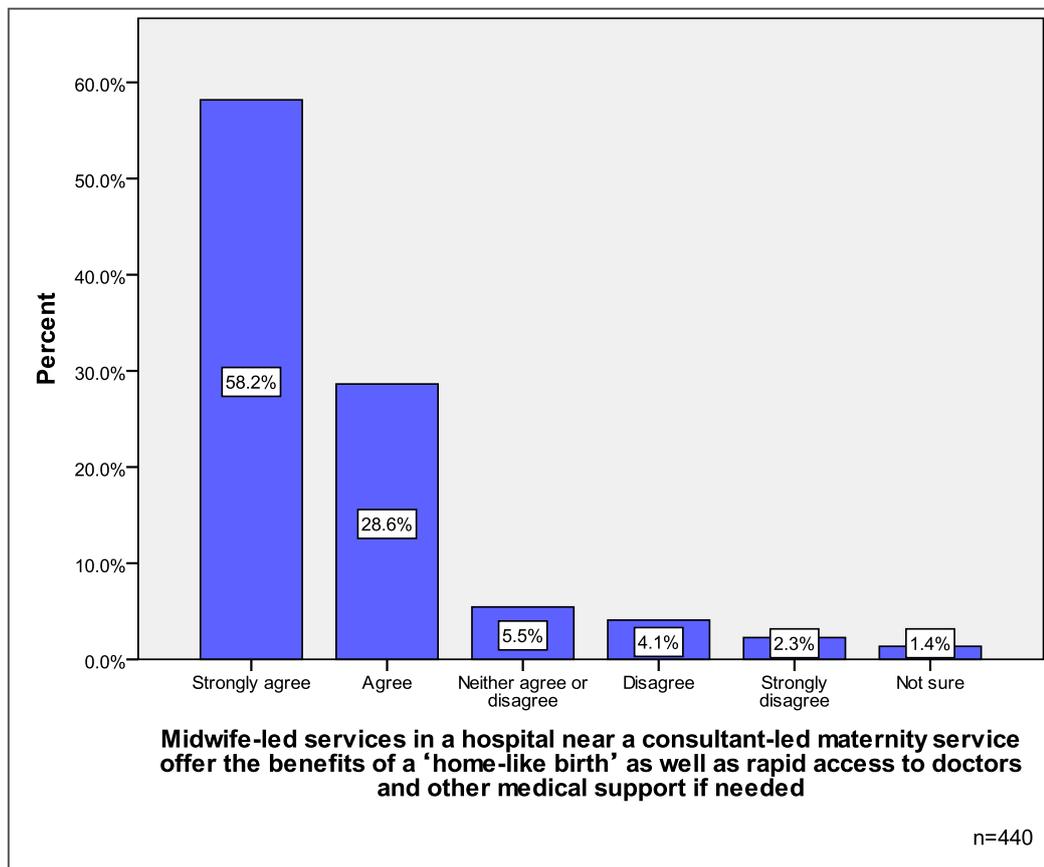


Figure 6. Midwife-led services in a hospital near a consultant-led maternity service offer the benefits of a 'home-like birth' as well as rapid access to doctors and other medical support if needed

There was strong support to this statement also.

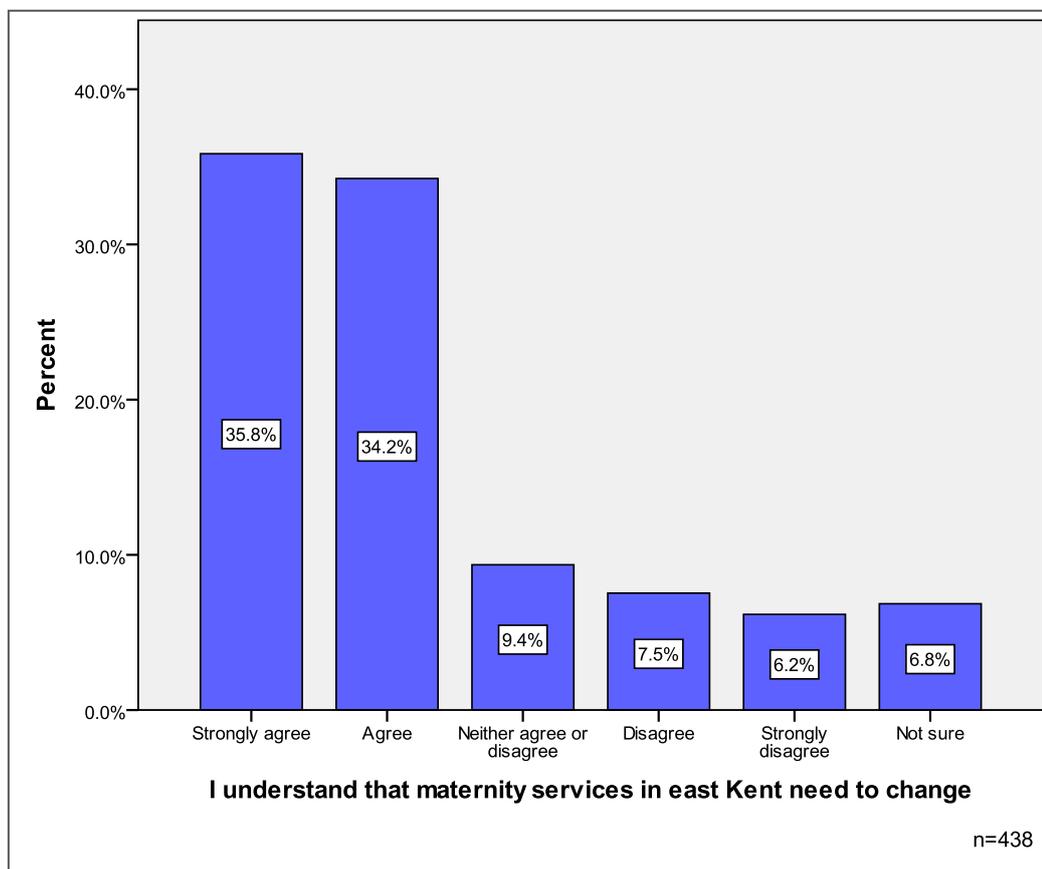


Figure 7. I understand that maternity services in east Kent need to change

Although 70% of respondents agreed or strongly agreed that maternity services in East Kent needed to change, the remaining respondents neither agreed nor disagreed (9.4%), were not sure (6.8%) or disagreed or strongly disagreed (13.7%) with this statement.

Section 2: Options

This section discusses the options presented in the consultation document and respondents were asked to provide their opinions on the different options.

In addition to a closed question on a Likert-scale respondents could give their views on the main advantages and disadvantages of each option and indicate their preferred option. The section also includes a general question about other comments.

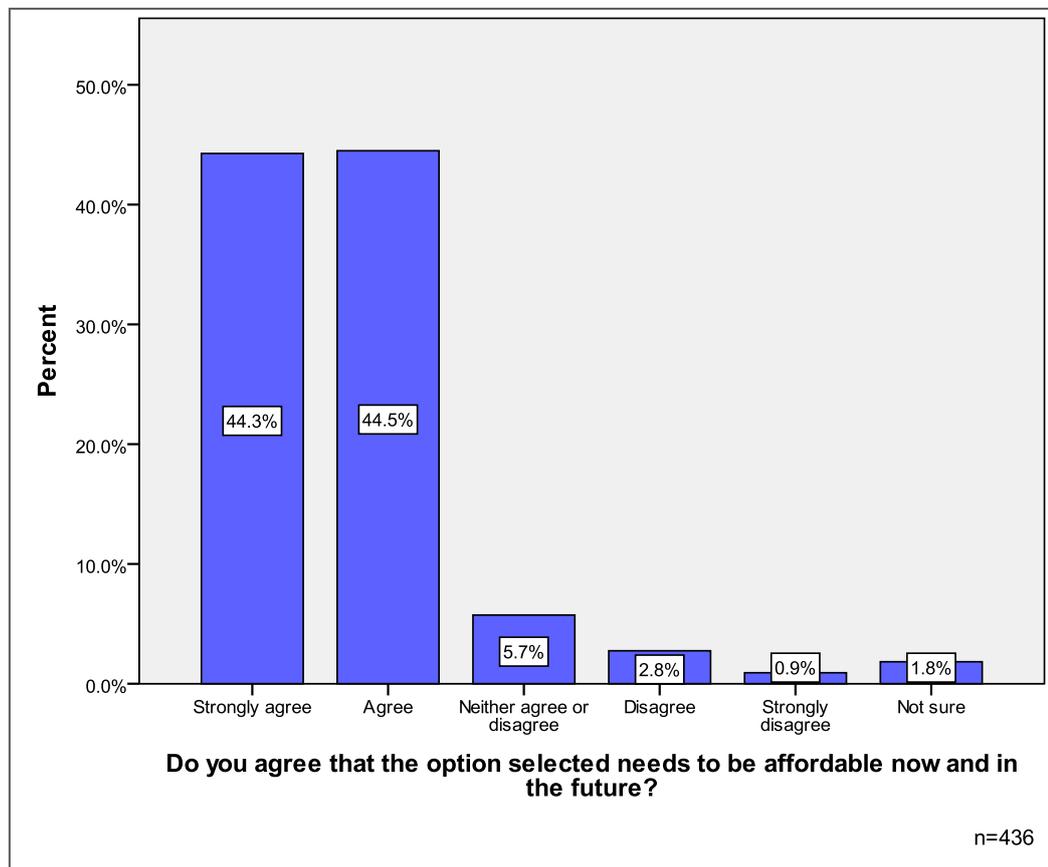


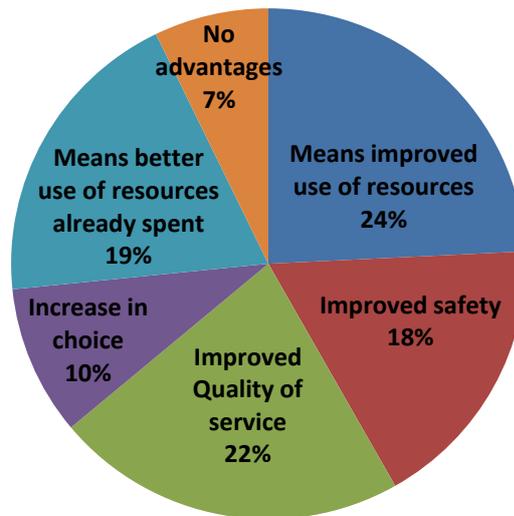
Figure 8. Do you agree that the option selected need to be affordable now and in the future?

Respondents were asked whether they agreed that services should be affordable in the future. A strong majority agreed that it should.

The respondents were then asked to list their views on the advantages and disadvantages of each option.

The themes identified from the advantages and disadvantages have been compiled in the following charts. One respondent's answer to the open-ended questions could fall into several categories. Respondents tended to discuss several issues per question as opposed to keeping to one issue at a time, which is why the numbers in these charts do not represent percent of respondents, but rather percent of *all responses* (there was in average between 1.12 and 1.65 categories per respondent).

Advantages of Option 1 (Closing both Canterbury and Dover)



Only respondents who chose to provide an answer to this question are included in this analysis (20% of all respondents left this question empty)

Figure 9. Advantages of Option 1 (closing both Canterbury and Dover)

24% of all responses said that closing both birthing units would mean an improved use of resources. This category related to all reports of financial resources as well as staff and efficiency.

“Opening the midwife unit at Margate would create more beds.....”

22% of all responses stated that the quality of service would likely be better, since this could mean that there will be more midwives and better access to services.

“Faster access to doctors/emergency services when needed”

19% of all the responses to this option thought that closing both Dover and Canterbury would mean better use of resources already spent on maternity services in East Kent. Opening Margate was included in this category, since the unit has already been built.

18% commented on safety related to closing both of the birthing units. Some responses stated that this could mean less risk in connection with deliveries and also less ambulance transfers from the smaller birth units.

Another 10% of the responses thought that this option would likely lead to more choices for expectant mothers, this category also included mentions of home births and caesareans.

7% of all responses stated that there were no advantages of closing both birth units.

20% of the respondents chose not to answer this question or provided a response that was not applicable to the question.

Disadvantages of Option 1 (Closing both Canterbury and Dover)

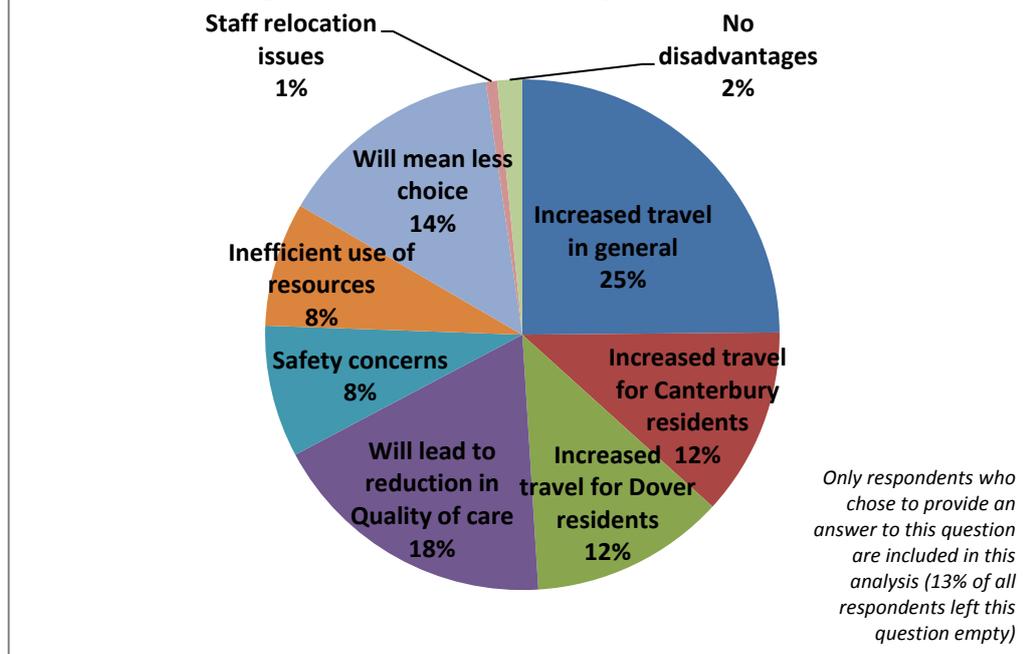


Figure 10. Disadvantages of Option 1 (closing both Canterbury and Dover)

25% of the responses recorded for the disadvantages of option 1 were about travel in general.

“It is a long drive to Ashford or Dover for a woman in labour..... Travelling so far to give birth puts unnecessary additional stress on a Mother which prolongs the labour. I also think staff would be more inclined to interfere in a normal labour. ...”

18% of the responses indicated that this option would lead to reduced quality of care; this included, amongst other things, less personalised care.

“... I work with pregnant women and they frequently tell me that they feel they will be allowed more time to labour and birth at a stand-alone unit. ...”

“Step down after birth care was essential for us – it would be a great shame to lose this fantastic resource.”

Closing both birth units would also mean less choice, according to 14% of the responses recorded.

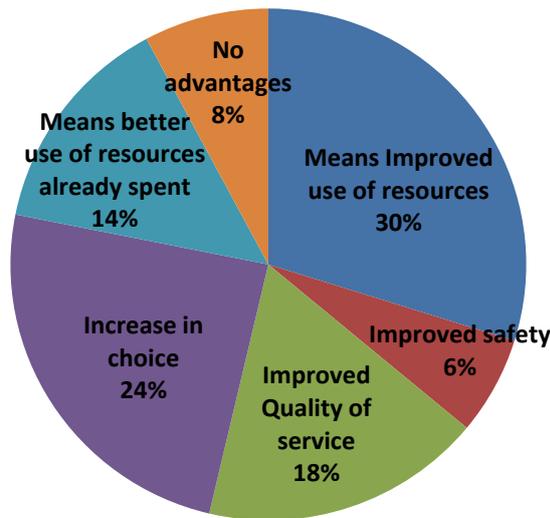
An almost equal amount of responses (12%) mentioned travel specifically for Canterbury residents and Dover residents respectively.

8% of the responses mentioned safety, e.g. more births in transit.

Another 8% thought it would be a waste of resources, included financial issues, increase in ambulance transfers and home births.

2% of all responses indicated no disadvantages with this option. A small amount of responses (1%) talked about issues regarding relocating staff from the units that will be closed.

Advantages of Option 2 (Retaining Canterbury)



Only respondents who chose to provide an answer to this question are included in this analysis (30% of all respondents left this question empty)

Figure 11. Advantages of Option 2 (Retaining birthing services at Canterbury)

The majority of responses for this option focused on improved use of resources, which included financial issues, staff issues and efficiency of staff and services.

“Maintaining birth services at Canterbury, Ashford and Margate offers local service provision to mums in those towns. Opening the midwife-led service at Margate, which the Trust has already committed massive capital investment to create without allocating sustainable resources to run would offer good local services to Thanet mums.”

24% thought that this option would lead to more choice for service users. 18 % of responses indicated that this option would lead to an improved quality of service.

“Nice to have baby somewhere very comfortable, relaxed environment (Canterbury) where the mother can have a loved one stay all day/night to provide much needed support”

8% of responses stated that there were no advantages of only retaining birthing services at Canterbury (thus closing Dover birth unit).

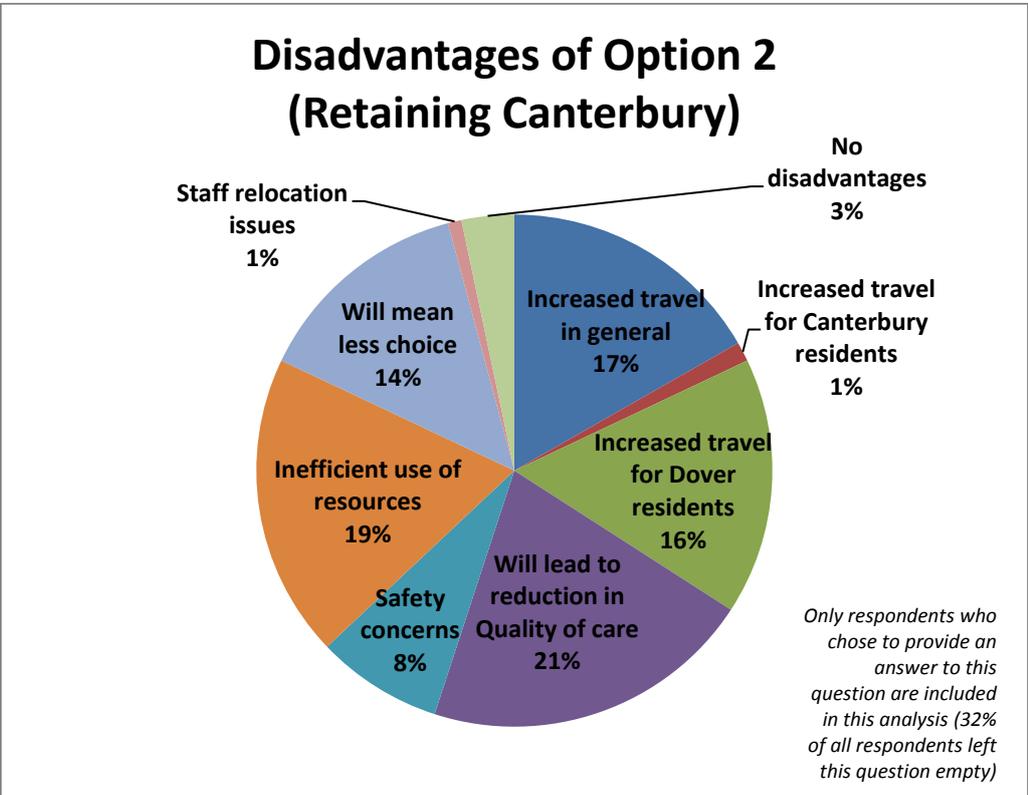
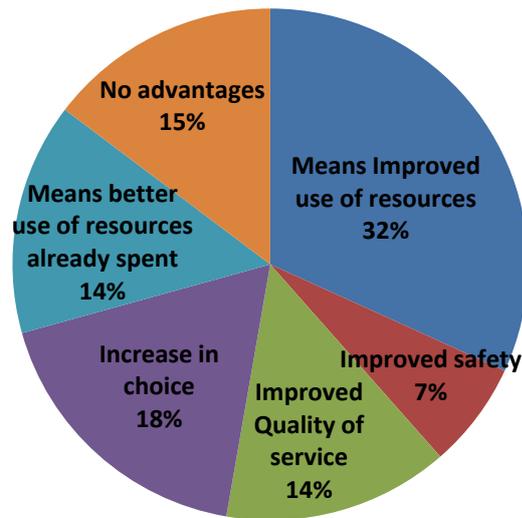


Figure 12. Disadvantages of Option 2 (Retaining birthing services at Canterbury)

The majority of all responses (21%) to the disadvantages of this option entailed a reduced quality of care. Another big category included inefficient use of resources, e.g. financial or increased home births or ambulance transfers). 16% of the responses mentioned increased travel for Dover residents. Only 3% could see no disadvantages.

“Further for people to travel, less personal time or one to one with midwife”

Advantages of Option 3 (Retaining Dover)



Only respondents who chose to provide an answer to this question are included in this analysis (43% of all respondents left this question empty)

Figure 13. Advantages of Option 3 (Retaining birthing services at Dover)

The majority of responses for this option focused on improved use of resources, which included financial issues, staff issues and efficiency of staff and services. 18% thought that this option would lead to more choice for service users.

"Provides access to birth services within approx 30 minutes of all locations in E Kent..."

14 % of responses indicated that this option would lead to an improved quality of service.

"Fathers can stay overnight with mothers - giving them more support and security at a life changing moment. Less restrictive - relatives can visit more freely - making the moment more special but with some support from midwives." (sic)

15% of responses stated that there were no advantages of only retaining birthing services at Dover (thus closing Canterbury birth unit).

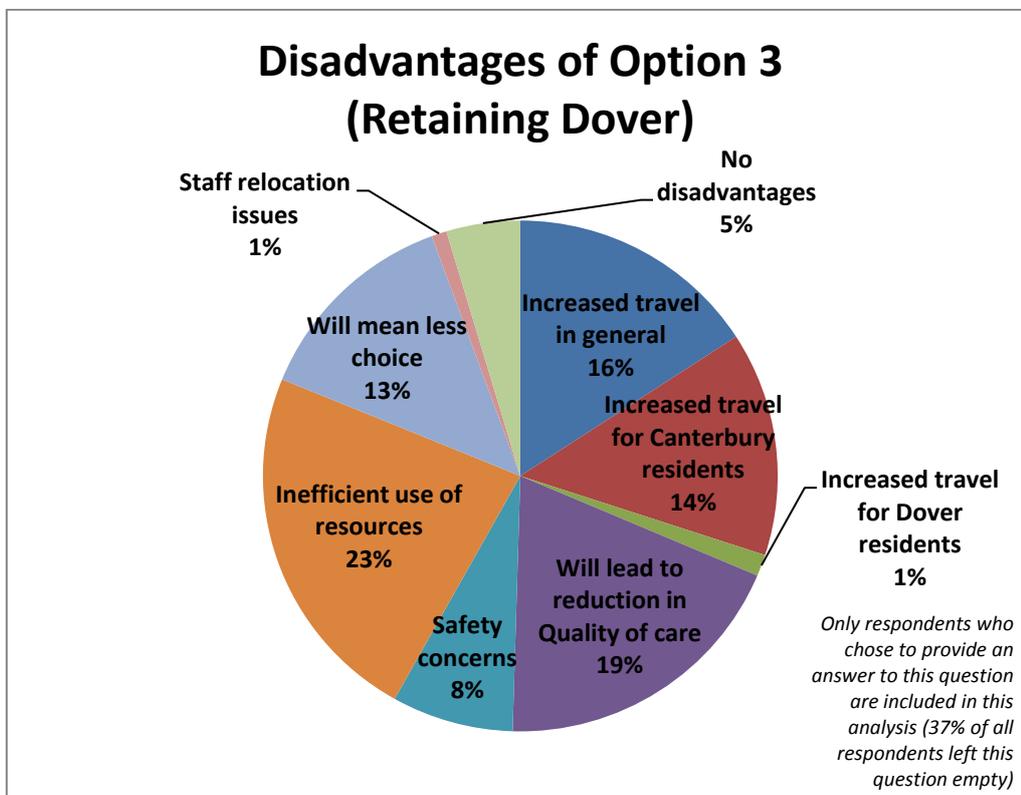


Figure 14. Disadvantages of Option 3 (Retaining birthing services at Dover)

The majority of all responses (23%) to the disadvantages of this option included inefficient use of resources, e.g. financial or increased home births or ambulance transfers.

*“inefficiency of resources for women who need transferring with complications.”
(sic)*

Another big category entailed a reduced quality of care (19%).

“Loss of birthing facilities at Canterbury reduces choice for women – a principle the NMC is built on”

16% of the responses mentioned increased travel for in general.

“.....to be a city with a large population and no birthing services is wrong.”

5% could see no disadvantages.

Some respondents regretted the fact that:

“No baby will have Canterbury on the brith certificate.” (sic)

Respondents were asked to choose which option they preferred from the three options presented in the consultation document. The results are depicted in the graph below. The respondents who chose not to answer this question (14%) are not included in this analysis.

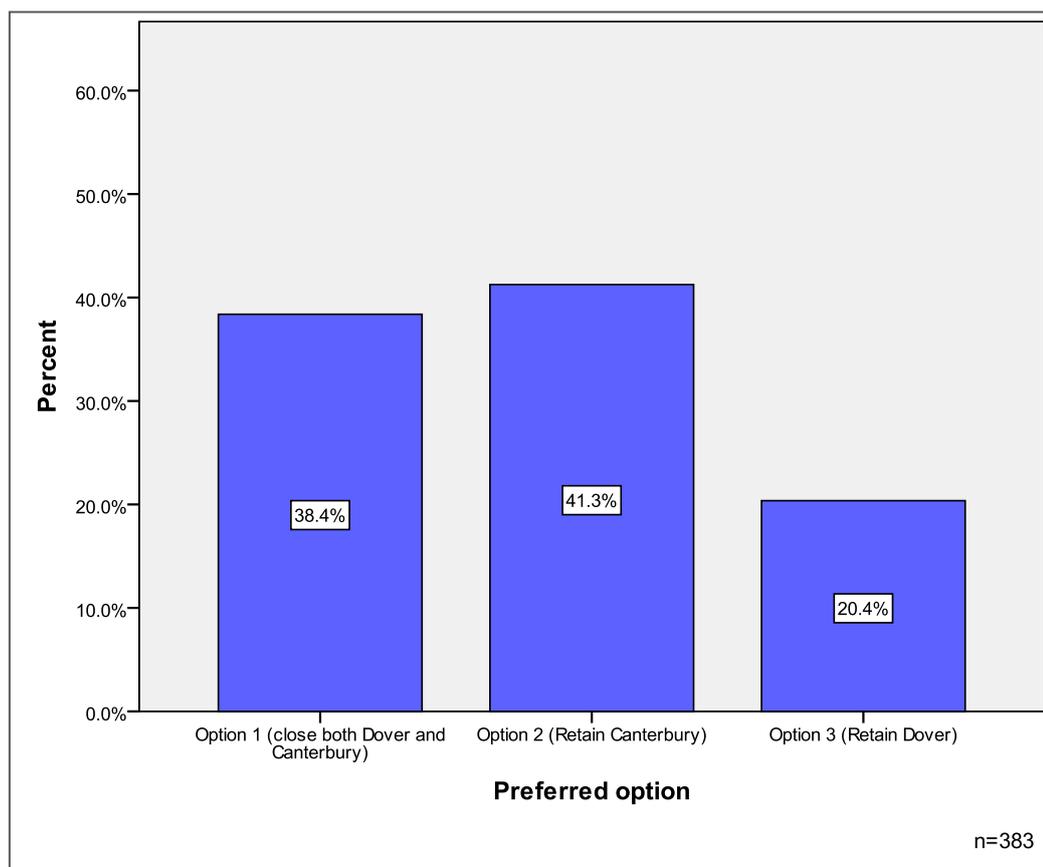


Figure 15. Preferred option

Of the 383 respondents that answered this question 41.3% chose closing of Dover and the continuation of Canterbury birth unit. The difference between this option and the suggestion of closing both birthing units is, however, quite small, only about 3%.

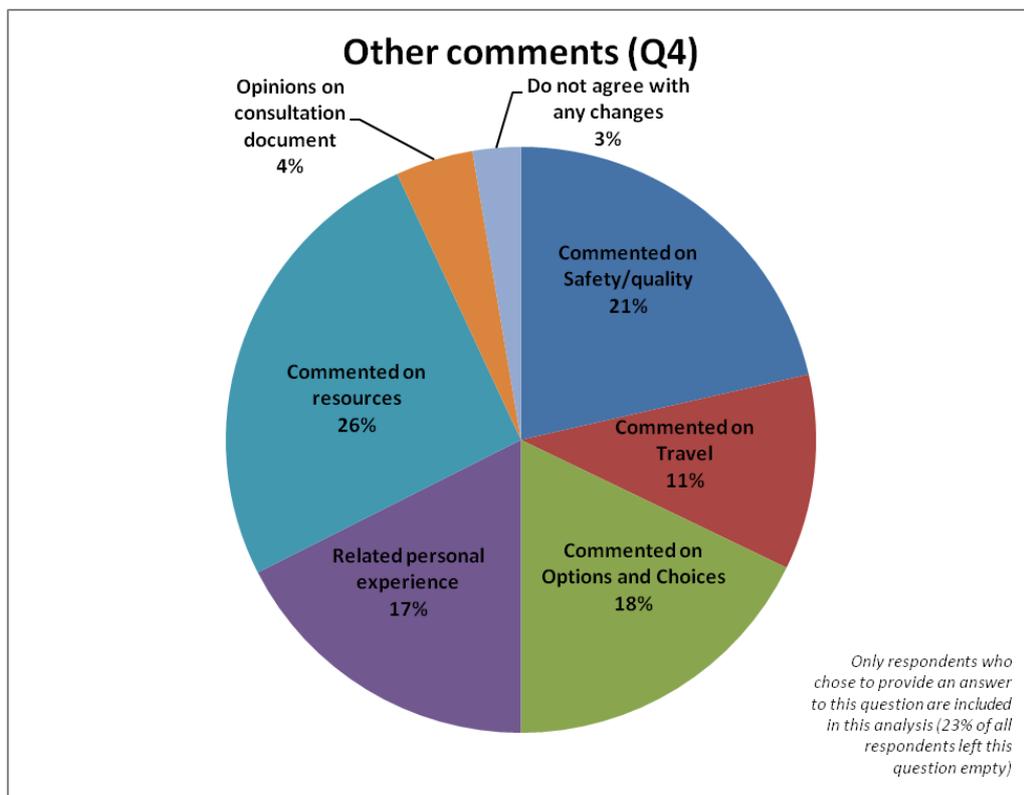


Figure 16. Any other comments?

The survey also asked the respondents for any other comments. Only a small amount of the respondents (23%) chose not to answer this question, which indicates that respondents wanted their opinions known about maternity services in general and also the proposed suggestions. The majority of responses (26%) to this open-ended question focused on resources, e.g. staffing levels.

"It is important to ensure that - whatever is decided - the patient's choices are binding. Where consolidation occurs it will be completely unacceptable for a patient to for example, elect a QEQM birth and then be told that "not enough staff - have to go to WH". All units should therefore be staffed sufficiently to cope with normal to above normal needs."

21% commented on safety or quality of the service provision. 18% saw that the options themselves were limiting the choices they could make. A few responses could be placed in the category of not agreeing with any of the changes proposed in the material.

"I will not select a preferred option as you have not given my preferred option. ..."

"I think some of the questions in this consultation are confusing and perhaps leading? How can we be expected to make decisions about what is affordable or where investment should be? Surely the needs of families come first and then the investment applied as far as possible? Are we being asked to choose between having birth centres nearby OR adequate breastfeeding support? If we say strongly agree that things should be affordable or that they need to change, does this not then support the NHS in this area to make whatever changes it wants so long as they are affordable ... because, after all, X% of service users said it needs to change?"

Section 3: Improving services

This section presents a combination of closed questions and open-ended responses. The closed questions focused on type of birth, labour care as well as resources and support for breastfeeding.

There was a strong support for all of these statements, see Figures 17-19.

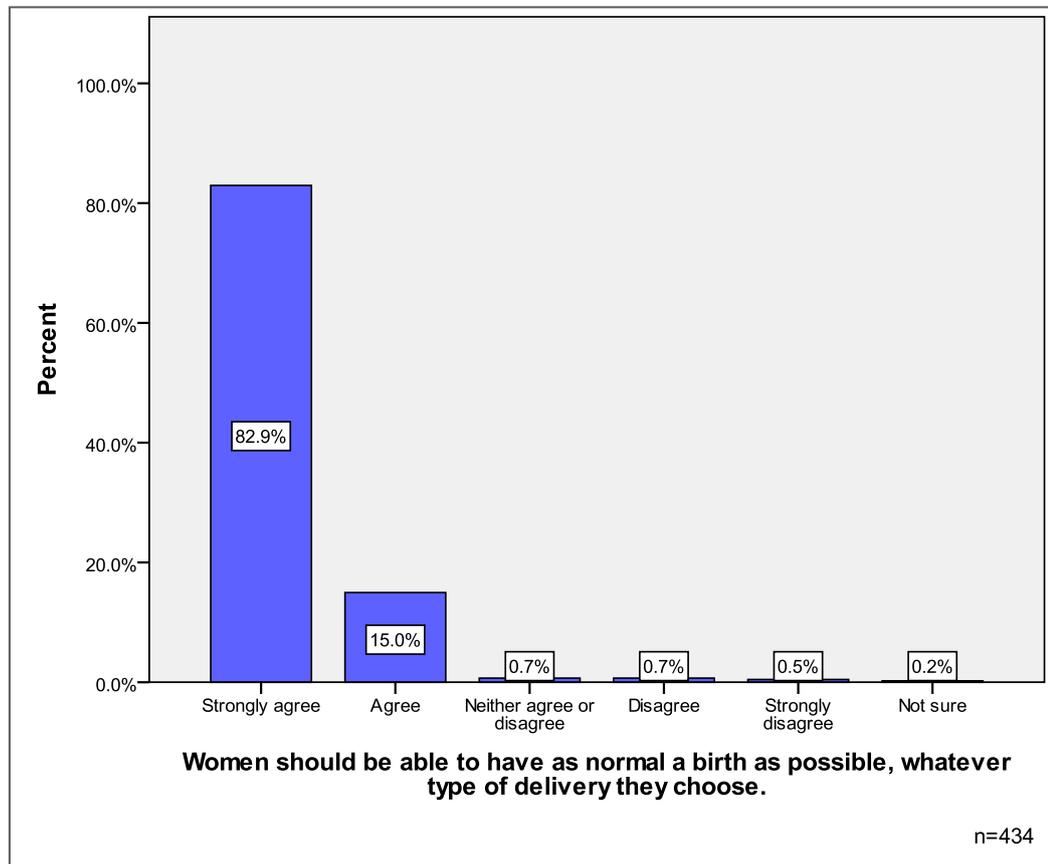


Figure 17. Women should be able to have as normal a birth as possible, whatever type of delivery they choose.

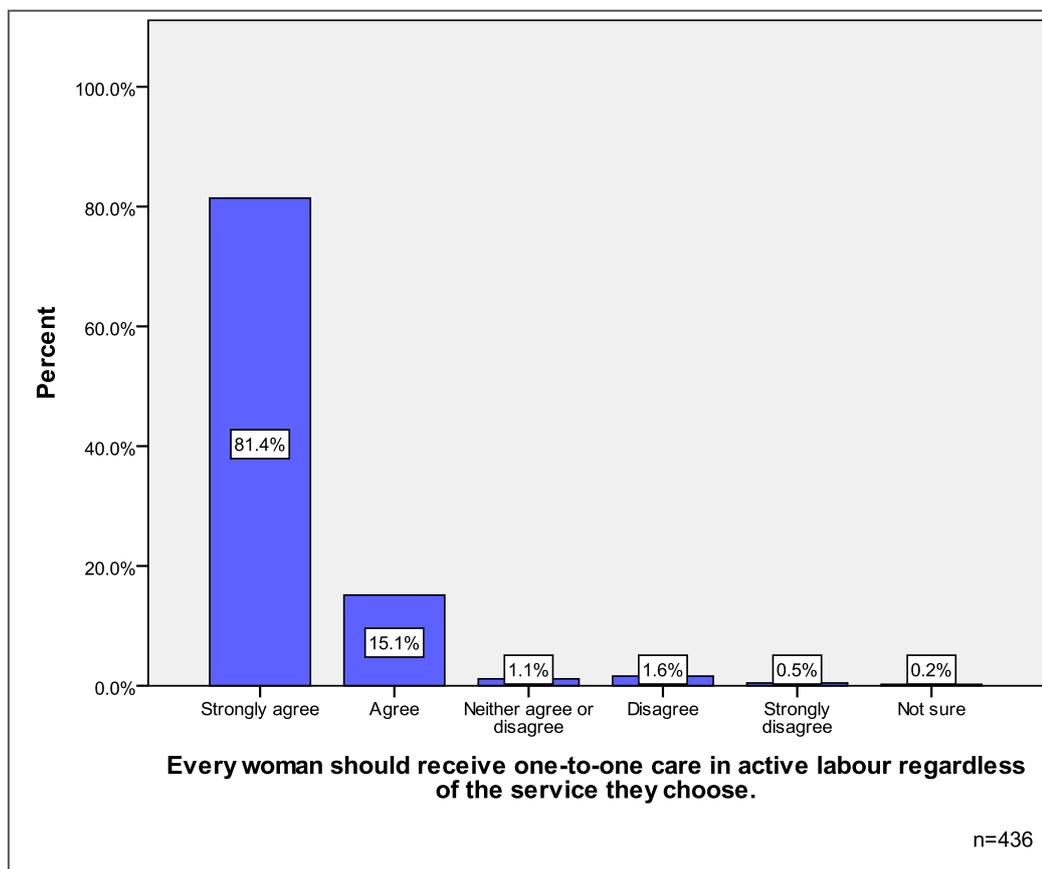


Figure 18. Every woman should receive one-to-one care in active labour regardless of the service they choose.

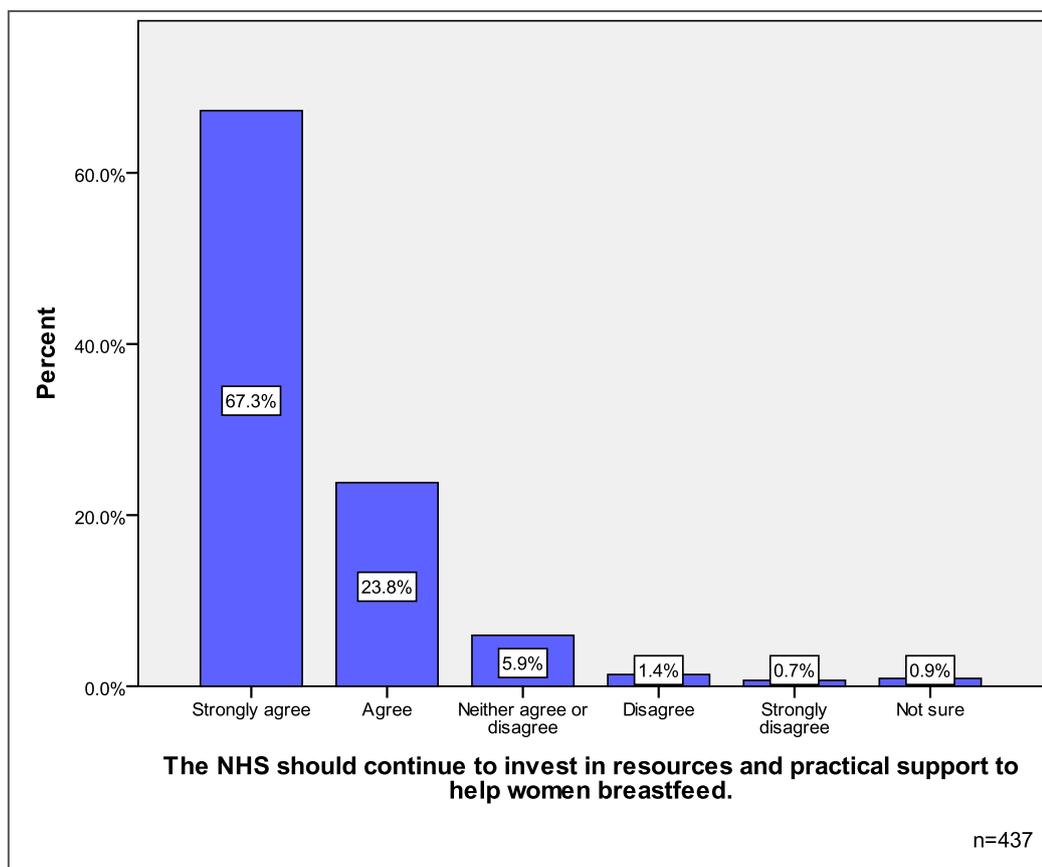


Figure 19. The NHS should continue to invest in resources and practical support to help women breastfeed.

Improvement suggestions to antenatal and postnatal care

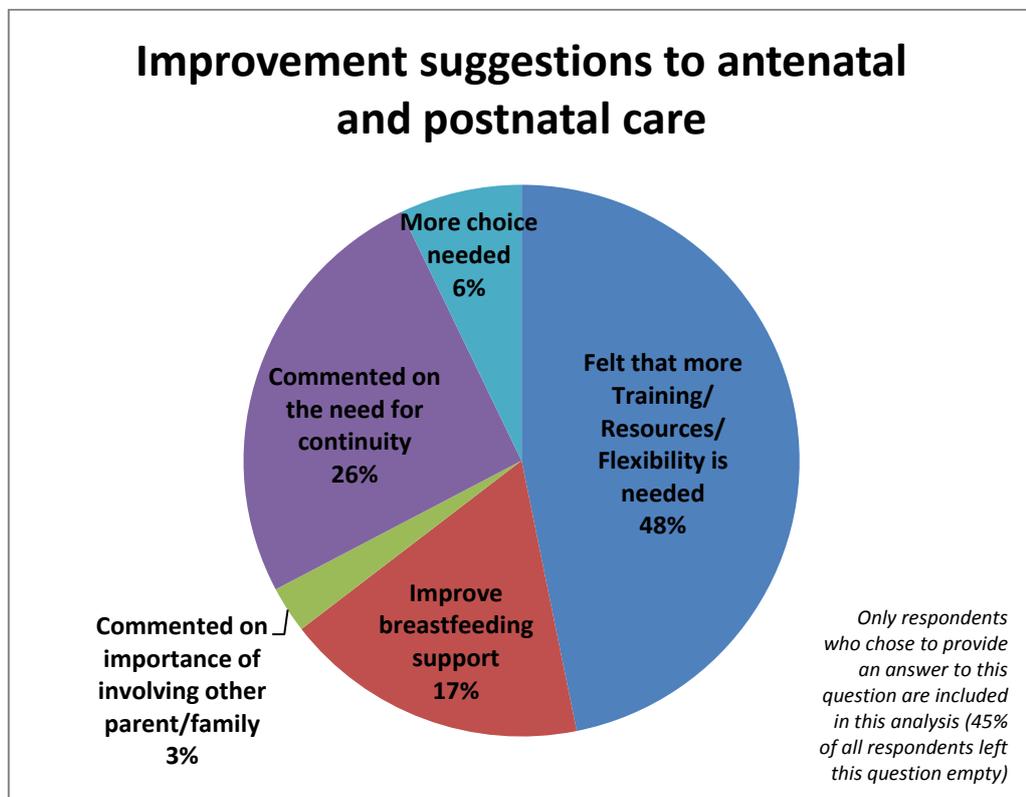


Figure 20. Improvements to antenatal and postnatal care

Of all recorded and applicable responses to the question that asked for improvement suggestions to the antenatal and postnatal care, almost half of the responses (48%) focused on the need for more training, resources or flexibility of the staff.

“Better breastfeeding support from midwives or assistants, provide more/better training for them to offer this help.”

Another large category (26%) was the mentions of the need for more continuity in the services. This included continuity for contacts within the care and continuity of the advice given.

“Would be nice to see the same midwife pre & post pregnancy”

Focus on breastfeeding support was also quite large in this question (17%).

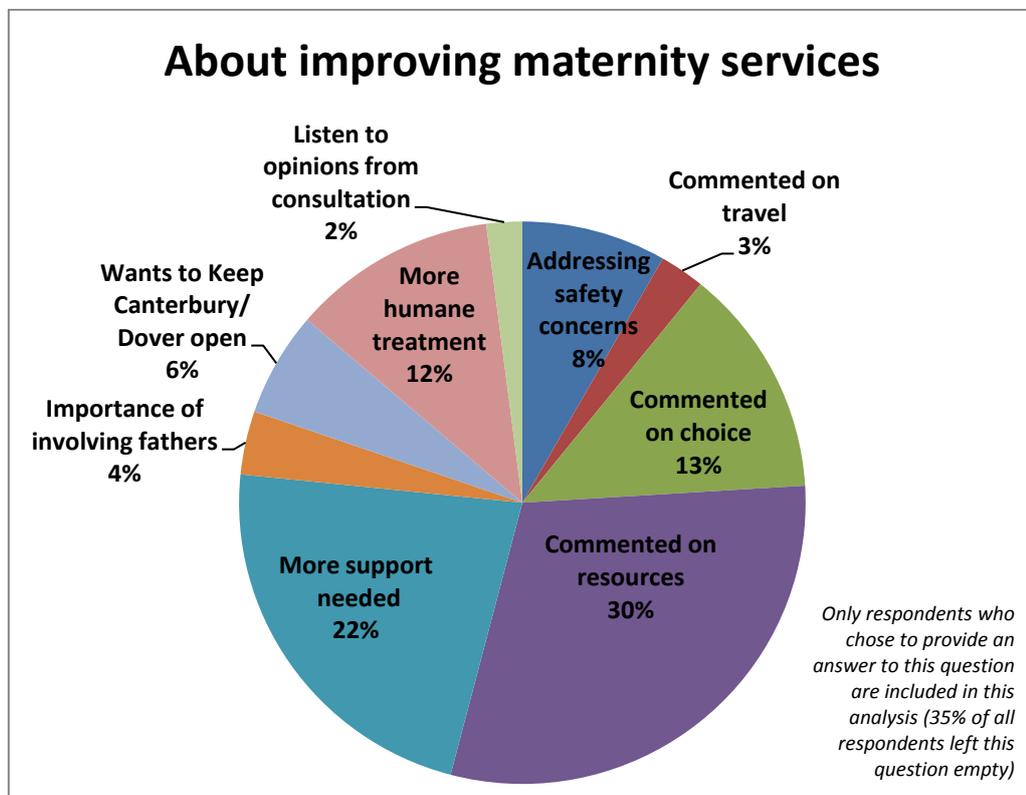


Figure 21. Improving maternity services

The responses for this question were quite diverse, hence it is the question with the most categories developed and identified. It was a question that generated a high response rate, and of all the responses the majority focused on resources (30%). This category covered e.g. mentions of more medical equipment as well as staffing and financial resources.

“I think that the stand alone units would really benefit from an ultrasound scan and staff in the unit as it would cut down on stressful waiting times for women when a scan is required during their pregnancy due to problems arising and would mean that the difficulties of the Early pregnancy unit and the day care units in getting an emergency scan in the main ultrasound unit would be relieved...”

22% of all responses stated that a more supportive maternity service is needed; this included e.g. support in breastfeeding, more one-to-one care and better continuity.

“Involving the local breastfeeding support groups more, encouraging women to seek mother to mother support. Look at setting up better relations between the community support and ensuring that all midwives talk positively about community support. Sign posting to the children's centres and utilising them and thier skills.” (sic)

13% of the responses focused on the improvement of choices. Some of the responses (12%) also told about personal experience of poor care and treatment while using maternity services at busy and bigger hospitals.

“I feel a womans dignity needs to be respected at all times ...” (sic)

Another prominent category (4%) was the wish to include fathers more in the birth process and in services in general.

Cross-tabulations

In order to explore relationships between the number of respondents in different postcodes and the options they selected, we developed tables showing the options chosen by respondents in different areas.

Postcode * Preferred option Cross-tabulation

			Preferred option			Total
			Option 1 <i>(close both)</i>	Option 2 <i>(Retain Canterbury)</i>	Option 3 <i>(Retain Dover)</i>	
Postcode	Ashford	Count	14	8	2	24
		% within Postcode	58.3%	33.3%	8.3%	100.0%
	Canterbury	Count	24	47	4	75
		% within Postcode	32.0%	62.7%	5.3%	100.0%
	Dover	Count	6	3	39	48
		% within Postcode	12.5%	6.3%	81.3%	100.0%
	Shepway	Count	24	7	7	38
		% within Postcode	63.2%	18.4%	18.4%	100.0%
	Swale	Count	1	1	1	3
		% within Postcode	33.3%	33.3%	33.3%	100.0%
	Thanet	Count	19	18	7	44
		% within Postcode	43.2%	40.9%	15.9%	100.0%
	Non-attributable postcodes	Count	43	48	12	103
		% within Postcode	41.7%	46.6%	11.7%	100.0%
Total		Count	131	132	72	335
		% within Postcode	39.1%	39.4%	21.5%	100.0%

Table 3. Cross-tabulation Postcode*Preferred option

In Ashford the option most chosen was option 1 (closing both Dover and Canterbury).

In Canterbury, option 2 (Retaining birthing services at Canterbury) was most frequently selected.

In Dover, the majority of respondents chose to retain Dover (option 3).

In Shepway, the majority of respondents wanted to close Dover and Canterbury (option 1).

There were only three respondents from Swale postcodes who selected an option. These were equally spread across the options.

In Thanet, preferences were almost equally split between option 1 (closing both) and 2 (retaining birthing services at Canterbury).

Respondents in non-attributable postcode areas (who could not be assigned a specific geographical district) tended to choose option 2 (retaining birthing services at Canterbury) more often than the other options.

Postcode * Preferred option Cross-tabulation

			Preferred option			Total
			Option 1 <i>(close both)</i>	Option 2 <i>(Retain Canterbury)</i>	Option 3 <i>(Retain Dover)</i>	
Postcode	Ashford	Count	14	8	2	24
		% within Preferred option	10.7%	6.1%	2.8%	7.2%
	Canterbury	Count	24	47	4	75
		% within Preferred option	18.3%	35.6%	5.6%	22.4%
	Dover	Count	6	3	39	48
		% within Preferred option	4.6%	2.3%	54.2%	14.3%
	Shepway	Count	24	7	7	38
		% within Preferred option	18.3%	5.3%	9.7%	11.3%
	Swale	Count	1	1	1	3
		% within Preferred option	.8%	.8%	1.4%	.9%
	Thanet	Count	19	18	7	44
		% within Preferred option	14.5%	13.6%	9.7%	13.1%
	Non-attributable postcodes	Count	43	48	12	103
		% within Preferred option	32.8%	36.4%	16.7%	30.7%
Total		Count	131	132	72	335
		% within Preferred option	100.0%	100.0%	100.0%	100.0%

Table 4. Postcode*Preferred Option cross tab

The option of closing both Dover and Canterbury (option 1) was most frequently chosen in non-attributable postcode areas.

Option 2, retaining birthing services at Canterbury, was almost equally split between respondents living in Canterbury and those living in non-attributable postcode areas.

Retaining birthing services at Dover (option 3) was most frequently reported in Dover.

N.B: Only respondents who provided both their postcode and a preferred option are included in the cross-tabulation.

5.2. Public Meeting Findings

Ten public meetings to discuss the maternity service review and the options for developing the service were held in 7 locations in East Kent, in the period 14th October 2011 to 20th January 2012.

The locations were Ashford (Ashford Borough Council), Canterbury (Canterbury City Council), Dover (Dover District Council), Faversham (Swale Borough Council), Folkestone (Shepway District Council), Margate (Thanet District Council) and Ramsgate (Thanet District Council).

Attendees were asked to sign in and indicate if they were service users/members of the public or from an organisation. Sign in sheets have been analysed to understand how many attendees there were at each location and whether they were service users/members of the public or from an organisation. The results are shown in the charts below:

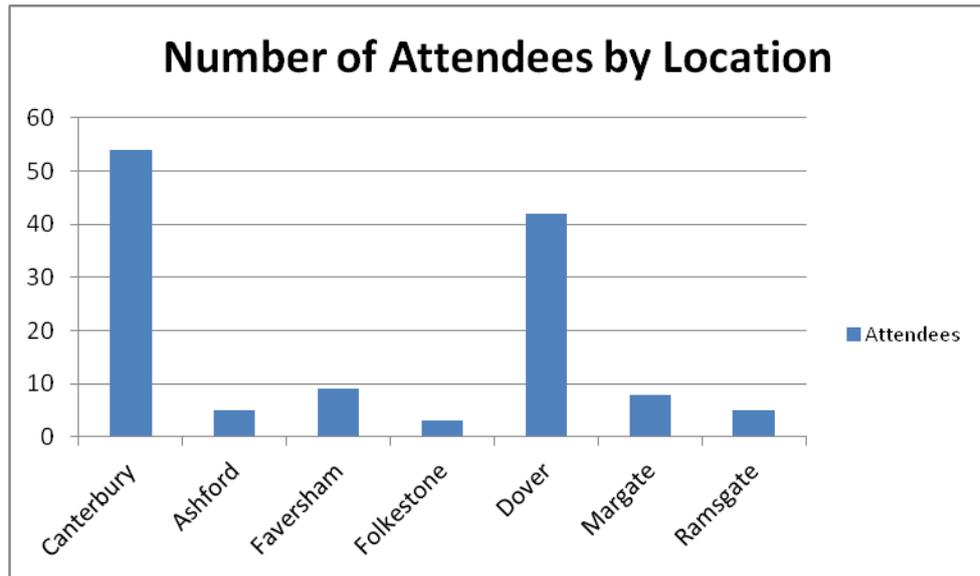


Figure 22. Public Meetings Attendance (absolute numbers)

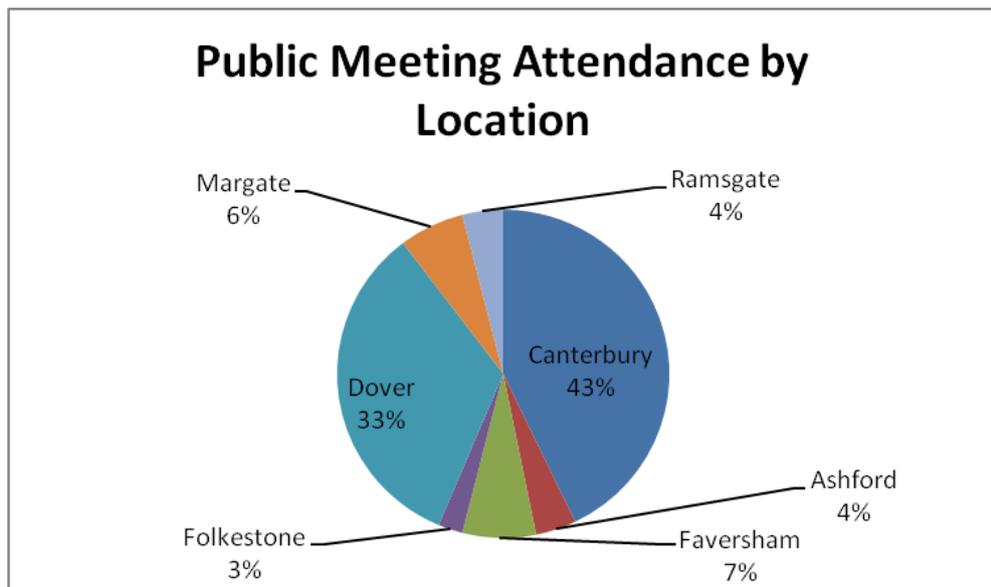


Figure 23. Public Meetings Attendance (percentage)

Organisations represented at public meetings

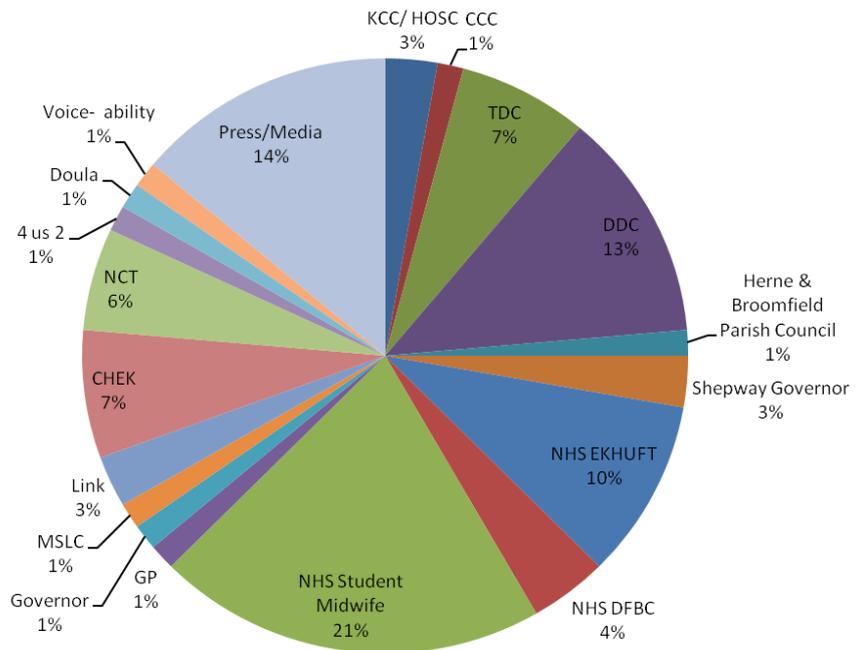


Figure 24. Organisations at public meetings

Consultation Meeting Attendance - Member of the public or from an organisation?

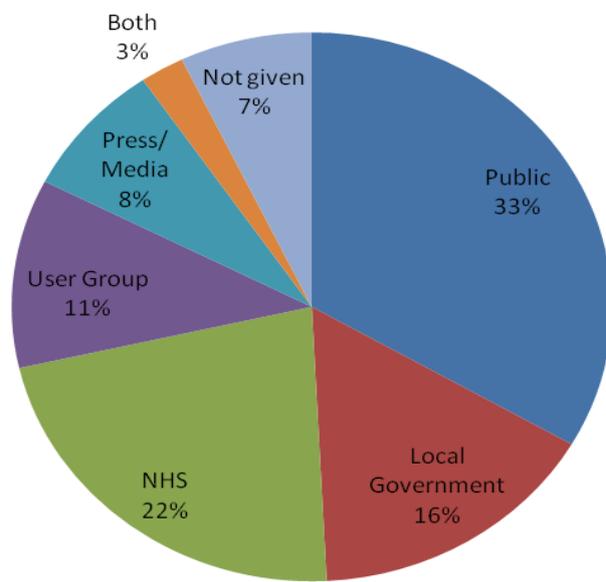


Figure 25. Public Meetings Attendance, public or organisational

5.3. Response from staff meetings

Meetings were held with staff at the William Harvey Hospital (WHH), Canterbury Birth Centre (CBC) and Dover Birthing Centre (DBC). The purpose of the meetings was to provide information to staff about the consultation and address any queries they may have. Fifteen (n=15) members of staff attended the WHH meeting (24/10/2011). Two meetings were held at CBC on 26/10/2011 by sixteen members (3; 16). Six (n=6) members of staff attended the meeting at DBC on 28/10/11. A breakdown of the professionals attending is given below:

Location	Attendees
William Harvey Hospital	1 Head of Midwifery 1 Divisional Director 13 attendees - job titles not given 15 in total
Canterbury Birth Centre	1 Head of Midwifery 1 RCM regional representative 1 RCM Head of Policy 3 in total
Canterbury Birth Centre	1 Head of Midwifery 1 Divisional Director 7 Midwife 3 Maternity Care Assistant 1 Community Midwifery Manager 13 in total
Dover Birth Centre	1 Head of Midwifery 1 Divisional Director 4 Midwife 6 in total

Table 5. Staff meetings attendance by profession

A summary of the topics discussed can be found in the table below. The data were analysed using the same themes from analytical framework used to code open ended survey responses.

Themes discussed at meetings	WHH	CB	DBC
Staff to service user ratios	•	••	
Workloads/capacity	•	•••	•
Skills mix		•	
Other: a) staff relations (e.g. btw community and acute; communication and teamwork)			•
Buildings and equipment		••	
Geographical proximity/Travel			
Other: (e.g. admin & paperwork?)			
Finances and Resources		•	
Rising Birth Rates	•		
Increasing numbers and types of services provided (e.g. triage systems)			•
Choice			
Access			
Risk		•	
Quality of care provided		•	•
Concerns with post/ante-natal care	•		
Travel/transfer/long distances of patients			••••
Consultation (documentation and process)	•	•	•
Staffing Issues (Work conditions)			•
Transition issues during Service reorganisation	•	•	••
Other (Petition):		•	

Table 6. Themes from staff meetings

WHH = William Harvey Hospital;
 CBC = Canterbury Birthing Centre;
 DBC= Dover Birthing Centre.

The most commonly discussed theme across the staff meetings was staff workloads and capacity; this was also the most discussed topic in the pre consultation staff survey, when staff were asked about improving the service and priorities for service provision. It was followed closely by queries relating to the details of any transition in services post-consultation. This is reflected in the earlier staff survey where respondents reported that temporary closure of the Birthing Centres had adversely impacted on staff morale. At the Dover Birthing Centre, the potential travel distances that service users could engender were a concern. At William Harvey Hospital and Canterbury Birthing Centre a key concern was staff to patient ratios which were a minor concern in the earlier staff survey.

5.4. Meetings with organisations

Below is a list of meetings where there was an item on the agenda about the maternity consultation and senior staff leading the maternity consultation review process (i.e. Sara Warner, Dr Sarah Montgomery, Lindsey Stevens, Dr. Neil Martin and James Ransom) were invited to present the reasons for the review and discuss the consultation process and findings thus far:

Date	Organisation
04 10 11	Dover HOSC
06 10 11	Local Medical Committee
11 11 11	East Kent Hospitals University Foundation Trust Council of Governors
15 11 11, 10 01 12	Maternity Services Liaison Committee (MSLC)
24 11 11	Canterbury HOSC
24 11 11	Canterbury Health Scrutiny Committee
24 01 12	Concern for Health in East Kent meeting (CHEK)

Table 7. Organisational Meetings

5.5. Organisational Responses

The table below lists organisations that have formally responded to the Maternity Review with a summary of the key points of their responses. Prior to the consultation commencing East Kent Federation of Clinical Commissioning Groups, Swale Clinical Commissioning Group and C4 Clinical Commissioning Group endorsed the proposal of the preferred option to go to public consultation.

Date	Organisation	Response
14 10 11	South Kent Coast Clinical Commissioning Group	<ul style="list-style-type: none"> Agree that Scenario 3 (option 1 in the consultation documents) is the most sustainable option
17 10 11	Ashford Clinical Commissioning Group	<ul style="list-style-type: none"> Option 1 preferred Recognise disadvantages to Dover Canterbury but are considering the whole of east Kent
07 12 11	The Dover Society	<ul style="list-style-type: none"> Prefer Option 3 Raised issues specific to Dover relating to deprivation, transport links and closures
07 12 11	South East Coast Ambulance Service	<ul style="list-style-type: none"> Prefer option 1 Would like to see predictions of ambulance activity so as to agree additional funding as appropriate.
13 01 12	The Council of Governors of East Kent Hospitals University NHS Foundation Trust	<ul style="list-style-type: none"> endorse the preferred Option of the Maternity Review Group (Option 1) as meeting the requirements of Safety, Sustainability, Patient Choice, Fairness and Accessibility more comprehensively than the other two options(2 and 3).
17 01 12	Dover Council	<ul style="list-style-type: none"> Favour option 3 - retain Dover MLU Adverse impacts of closure of Dover MLU on Dover residents Delay to Buckland hospital development
17 01 12	National Childbirth Trust, Canterbury and District Branch	<ul style="list-style-type: none"> Prefer birthing centres to be re-opened and retained View that proposals are outdated and out of tune with current trends and strategies in

		Maternity care
20 01 12	Royal College of Midwives	<ul style="list-style-type: none"> • Preference - retain birth services at both freestanding birth centres • As the above is not seen as a viable option, the RCM would strongly urge the retention of birthing services on at least one of the DFBC or KCH sites (Option 2 or 3) • Robust strategy for increasing the proportion of women at low risk that receive midwife-led care. • The opening of the full range of services at the QEOM MLU must be an absolute given in any scenario.
20 01 12	CHEK (<i>Concern for Health in East Kent</i>)	<ul style="list-style-type: none"> • Favours Option 2 - Retain Canterbury MLU • Would prefer to retain both stand alone MLUs but no option for this • Recommends further consultation and review

Table 8. Organisational responses

5.1. Emails, telephone calls and letters

The table below describes the number of telephone calls, letters and e-mails received during the consultation period.

Type of Communication	Number of Communications
Email	20
Letter	6
Telephone Call	1
Freedom of Information Request	1

Table 9. Communication during consultation period

5.2. Petition

One petition was received from the editor of the Kentish Gazette (local newspaper) as part of their “Save Our Baby Unit” campaign. The petition was signed by 435 individuals by text message. Accompanying the petition were printouts of messages from the Facebook campaign page. These were predominantly messages from the administrators with a few comments from the public. 522 people on Facebook clicked the ‘Like’ button for this page. This page was created in June 2011 and all of the comments were made outside of the consultation period, although the petition was presented to representatives of the Review Group early in the consultation period.

5.3. Hard to reach groups

An easy-read version of the survey was made available to hard to reach groups, including those with learning disabilities. Three completed easy-read surveys were received after the consultation closed. Two of the survey respondents chose option 3, one abstained from choosing an option. The main themes from the open-ended responses were that more support was needed for new mothers to breastfeed and travel times would increase where respondents had to travel further. One respondent made a comment about “making maternity services better”:

“Midwives should have training from parents with learning difficulties who have had babies. They should listen to us.”

6. Summary of findings

There were 446 responses to the survey. The distribution of respondents appeared to reflect the population characteristics of East Kent, but it is difficult to determine whether all areas of east Kent were covered evenly. This is mainly due to insufficient collection of information about postcodes.

There was strong support for the reasons for change amongst respondents.

Respondents reported the main advantage of option 1 to be related to increased resources and saw increased travel times as the main disadvantage. The main advantage for option 2 and 3 was reported to be the same as for option 1. Option 2 was seen to have the disadvantage of compromising the quality of care, and option 3 was seen to have a detrimental effect on resources. This concern with increasing resources was reflected where respondents were asked to make general comments about maternity services.

The preferred option amongst the respondents was Option 2 (retaining births at Canterbury) which 41.3% of the respondents chose. Option 1 (closing birthing services at both locations) closely followed this with 38.4%. Option 3 was the preferred option for 20.4% of the respondents. 14% of all respondents chose not to answer this question.

Apart from those postcodes that cannot be assigned to one district, the respondents from the districts of Canterbury and Dover (where birthing facilities could be lost) tended to choose the option which retained the facility in their area.

There was strong support for the arguments for improving services and respondents wanted more resources for antenatal and postnatal care as well as maternity services in general. The views of the public, organisations and members of staff were sought through public meetings and were broadly consistent with the findings of the survey.