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Dear Jane

Re: Maternity Services in Shropshire

Thank you for your letter dated 16 January 2017 requesting a response regarding maternity services in Shropshire; following recent media interest and coverage of the counties Midwifery Led Units (MLUs). The Trust recognises the important role that the MLUs play in the rural communities. Likewise, it is important that whilst the Trust is reviewing its maternity services, we must take in to account the choices of women and any national recommendations. In addition it is our priority to ensure that all pregnant women and their families have access to safe and high quality care. We will work closely with Shropshire Clinical Commissioning Group to review and consider any maternity proposals and of course we will want to fully engage local clinicians, patients and communities before any decisions are made.

It is for this reason we would wish to begin meaningful consultation with our communities on this service in the months ahead.

In reply to your questions, on behalf of the Trust please find below each issue addressed in sequence within our response:

1. During next year the SCCG has agreed to an additional reserve to help SaTH provide maternity services across the County

Following completion of the 2017-19 contract negotiations; Shropshire County CCG have written to the Trust to advise that £900,000 funds have been held in reserve by them, to support the outcome of the MLU review. This funding sits outside of the financial envelope within the contract for 2017-19.

2. There are currently no plans to close any MLUs:

I can confirm that there are currently no plans to close any of our MLU's. However, on behalf of the Trust I can advise that currently; I am unable to provide an absolute answer in relation to the future of MLUs as we have not taken these questions into our communities to explore further.

3. Consideration of a future model of care will be done during 2017-18:

In terms of the overall national direction of maternity services; you may be aware that the NHS Operational Planning & Contracting Guidance states that the recommendations from the national maternity services review (Better Births) will need to be implemented through Local Maternity Systems (LMS). NHS England expects that the LMS will be established by March 2017, to design and deliver maternity services across boundaries; creating an LMS coterminous with the NHS Sustainability and Transformation Planning (STP) footprint; involving commissioners and providers of maternity services.

4. Any proposals for a new model of care will be put in the public domain and will also have to go out to public consultation if they involve a significant change in service provision:

In response to this, the Trust is undertaking a clinically led process; led by the clinical teams within maternity to ensure that the quality and safety of care for women across the County is maintained and sustainable in the future. The clinical aim of maternity services is to provide a contemporary, safe, high quality service that can deliver efficient, effective and clinically sustainable care, whilst supporting women's choice. Importantly, any proposed changes to the way in which maternity services are provided will include full consultation with local communities across the County and Mid-Wales. As a Trust we are committed to ensuring that service changes involve and engage with the communities we serve.

5. Recent staffing levels that have led to short term closures of MLUs across the county and how those messages have been communicated to mothers-to-be:

I can advise and assure you that women who had chosen to deliver at the affected MLU's and who were likely to give birth in the near future were all contacted to inform them of the short-term suspension of services. An alternative location to give birth was offered should they go into labour during this time.

6. Where mothers-to-be are being signposted to when they were expecting a midwife led birth:

Mothers-to-be are signposted to either their nearest available MLU or to the Consultant Led Unit at the Princess Royal Hospital; however, mothers affected are given a choice.

7. Why mothers-to-be booked in to a MLU are being signposted to the Consultant Led Unit (CLU) at the Princess Royal hospital:

As advised, women are given an alternative choice of where to attend to give birth and they may choose to give birth on the Consultant Led Unit at the Princess Royal Hospital or an alternative MLU.

8. Why newly presented mothers-to-be are being told they shouldn't book in at the local MLU as it will be closed by the time they reach full term:

I am saddened to hear that this has been reported by some women and I have sought assurance from the Head of Midwifery that this is not the advice that is being supported. If Healthwatch has individual details with consent from those women reporting this advice received, the care group will investigate this matter further. Current practice includes all women receiving a risk assessment at the commencement of their pregnancy and this risk assessment determines the suitability for a low risk birth setting such as their home or a midwife led unit. All women should be advised of the outcome of this risk assessment and their individual recommendation for place of birth.

9. Whether there is capacity in the MLUs at RSH and PRH if a rural MLU (s) is closed:

Whilst there are continuing discussions around the future local model of maternity services, as I advised previously there has not been a suggestion that these rural MLU's should close. There have been discussions around the way in which care is delivered and how this care can be delivered in line with women's choice and also our commitment to the recommendations of the Maternity Services Review – Better Births (2016).

10. What steps you are taking to ensure continuity of provision of care at the local MLUs:

Currently our MLU's provide all of our community services for the women of Shropshire and some from mid-Wales. As previously advised, NHS England expects that the LMS will be established by March 2017, to design and deliver maternity services across boundaries; creating an LMS coterminous with the NHS Sustainability and Transformation Planning (STP) footprint; involving commissioners and providers of maternity services.

11. How mothers-to-be will be communicated with if there is an unforeseen closure of an MLU and where mothers-to-be are being signposted to in the event of an unforeseen closure:

Where there is a planned suspension of services, all women who are due to have their baby at that MLU will be informed and offered an alternative location. In most cases, this will either be their next nearest MLU, the Consultant Led Unit at the Princess Royal Hospital or a home birth if suitable. When unforeseen closures are made out of hours; any women affected are contacted and re-directed to their next nearest MLU or the Consultant Led Unit at Princess Royal Hospital; in accordance with the Trust Escalation Policy.

12. What are the messages for mothers-to-be on booking in for their delivery, if there is no clinical need for a consultant led birth:

I have received assurance for the Head of Midwifery that all women are fully informed at their booking of their choices, the need for risk assessment and the subsequent outcome of the risk assessment. This is further informed through a Patient Information Booklet that details that in exceptional circumstances and very high activity the Trusts will enact our escalation policy to ensure the safety of women and babies. This is supplied to all women at their booking appointment within the ante-natal care period.

13. Numbers of births in each of the MLUs including the Shrewsbury MLU and the Wrekin Unit by Shropshire women (broken down by unit):

MLU	2015/16
Shrewsbury MLU	207
Wrekin MLU	359
Bridgnorth MLU	82
Oswestry MLU	83
Ludlow MLU	51

14. Number of births (by Shropshire residents) at the Consultant Led Unit at PRH:

Consultant Unit	2015/16
PRH	4,001

15. Number of women who were booked in to an MLU who did not deliver there:

MLU	2015/16
Shrewsbury MLU	109
Wrekin MLU	170
Bridgnorth MLU	15
Oswestry MLU	22
Ludlow MLU	18

It should be noted that the vast majority of births moving from the MLU above are as a result of a change in clinical risk and so are necessary to protect mum and baby should there be any difficulty.

16. Number of times the CLU has been full and the number of mothers-to-be who have had to transferred out of county:

The number of times during 2015/16 that the CLU was full, requiring women to be transferred out of County was one occasion. This was the first time in four years.

17. Number of women who are transferred back to MLUs from the CLU for bed based postnatal care (including from out of county):

I can advise that 90% of women receive their postnatal care on either the Postnatal Care Ward at PRH, the Wrekin alongside MLU or RSH MLU. 10% of Shropshire women receive some or all of their postnatal care at Ludlow, Bridgnorth or Oswestry MLU.

18. Number of women receiving post-natal care who had to be discharged from MLUs as a result of closure of the MLU to staff the CLU:

During our most recent service postponement; 3 postnatal women who were all assessed and suitable for discharge home were discharged home prior to suspension of services.

19. Does the maternity tariff allow for splitting payment for elements of maternity care provided out of county?

Finally, I can advise that the maternity tariff does allow for payment to be split for elements of maternity care provided out of county. This is enacted through a cross-charging process from provider to provider.

In recent months we have experienced unplanned sickness which has led to the temporary closure of some MLUs. This is designed to protect the safe births of the baby and safeguard our mums. We would not expect such levels to become the norm and a clear and extensive engagement with our communities on maternity care is an important step in designing the right service for the future.

I would like to thank you for raising your concerns with me and if I can be of further assistance please contact me.

Yours sincerely



Simon Wright
Chief Executive