



Glasgow City Council

Report by Director of Development and Regeneration Services

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**Greater Glasgow NHS Board
Consultation on the Future of Maternity Services in Greater Glasgow :
Response from Glasgow City Council**

Purpose of Report:

To respond to the Greater Glasgow NHS Board consultation on the future of maternity services in Greater Glasgow.

Recommendation:

To consider and approve the attached comments as the Council's response to the Greater Glasgow NHS Board's consultation on the Future of Maternity Services in Greater Glasgow.

Ward No(s):

Citywide:

Local member(s) advised: Yes No

Consulted: Yes

No

GREATER GLASGOW NHS BOARD CONSULTATION ON THE FUTURE OF MATERNITY SERVICES IN GREATER GLASGOW:

RESPONSE FROM GLASGOW CITY COUNCIL

1. BACKGROUND

- 1.1 Members will recall that in April 2000, Greater Glasgow NHS Board (then Greater Glasgow Health Board) began a 5 month consultation on proposals for modernising Glasgow's acute hospital services. One of the proposals within this was to ***'transfer all services provided by Yorkhill into a first class new children's hospital in association with an adult hospital service on the same site within the next 7 – 10 years'***. This referred to a decision on a site for a new hospital on the south side of Glasgow, which has subsequently been agreed as the Southern General. This decision was to be followed by separate detailed consideration of delivery of maternity services.
- 1.2 Glasgow City Council's response, approved by the Policy & Resources Social Inclusion Strategy Sub-Committee on 30th August 2000, highlighted:-
- concern that the degree of specialisation, which had been developed in relation to services for children, may be lost if relocated to a large hospital serving the adult population;
 - that the close proximity, both physically and professionally, of the Queen Mother's Hospital was of vital importance; and
 - that the issue of accessibility of the Southern General Hospital was of concern.
- 1.3 Greater Glasgow NHS Board is currently consulting on the Future of Maternity Services in Greater Glasgow. The current proposals for the future of Maternity Services are detailed in seven separate leaflets. The proposals are based on reports from a Modernising Maternity Services Working Group, which was set up to look at the modernising of maternity services in Greater Glasgow, in detail, gathering evidence from a range of experts, health staff and other interested parties. Issues raised by a midwifery group and MatNet, the maternity users network, are also reflected in this consultation.
- 1.4 The Board has emphasised that the consultation is not about the future of the Royal Hospital for Sick Children (RHSC), as investment will continue in this hospital and the site will continue to serve the needs of children for the next 15 years.

- 1.5 The main proposal is to close the Queen Mother's Hospital. This would mean that delivery services would be located in the new facilities at the Princess Royal Maternity Hospital and at the Southern General Hospital.
- 1.6 The Board has emphasised throughout that it is not possible to retain three working maternity hospitals. It has argued that as a result of falling birth rates, the reduced time mothers now spend in hospital, increased services in the community and changes to how health staff work, it is necessary to reduce the number of maternity hospitals from three to two.

2. COMMENTS ON THE PROPOSALS

- 2.1 Recommendations for the future of maternity services in Glasgow have been developed by the Board in the overall context of its strategy for acute services and in the light of consideration of the issues by the Maternity Services Working Group. The Board has thereafter chosen to engage in a public consultation through issuing seven leaflets (available on request) which contain seven separate proposals. Public meetings have also been held. The deadline for responses to the consultation is 20 February. The Board is aiming to present a paper with recommendations to its April meeting, and thereafter to submit these for Ministerial approval.
- 2.2 The NHS Board's proposals, and the process by which they have been drawn up, have aroused a strong level of public debate. They have also led to significant debate amongst clinicians themselves. In this light, the Council would express concern about the basis of the consultation. The Board's decision to consult only on the recommendation of the Maternity Services Working Group, and the attendant arguments to close the Queen Mother's Hospital, has made the consultation appear less than an open process. It has given the appearance that gaps have been left in the information which may be considered and has, therefore, seemed to direct a conclusion. Given the degree of complexity and ambivalence of the issues, it would have been beneficial to have presented all sides of the debate, giving a clear platform, within the documentation, to those with a view that there is greater benefit in retaining the Yorkhill hospitals intact. This could have included consideration of the potential for maintaining all three of the city's maternity hospital services to respond to the broader needs of the city-region as a whole.

The NHS Board's proposals are listed below, followed by comments.

2.3 Proposal 1:

Delivery services should be located in the new facilities at the Princess Royal Maternity Hospital and high quality provision at the Southern General.

- 2.4 The main debates centre on medical information and the relative weighting given to that by clinical opinion. Whilst the Council would not wish to express a view on contested clinical issues, it would wish to note that a seeming lack of clinical agreement on which option should prevail naturally causes a public uncertainty about the best way forward.
- 2.5 The key issues are:
- a) Link to children's services versus link to adult services and the attendant risk of transferring to another hospital. The Maternity Services Working Group was asked to consider this issue and concluded that although the number of babies requiring transfer to the RHSC, should the Queen Mother's Hospital close, would be greater than the number of women requiring transfer if the Southern General closed, the risks to women would be greater. It concluded that it would still be safe to transfer babies (who have been stabilised in an intensive care unit) to the RHSC via a properly resourced transport system. This has been disputed by many of the medical profession, to the extent that it is difficult to see any consensus.
 - b) The impact of the closure of the Queen Mother's Hospital on specialist services, including: services for babies who require surgery, including heart surgery; the Royal Hospital for Sick Children ECMO (Extracorporeal Membrane Oxygenation) service, which provides a Scotland-wide service for babies with severe heart disease or breathing failure; specialist out-patient services for women with complex problems; good and safe arrangements for the very small numbers of newborn babies who may need to be given specialist x-rays and other investigations; clear arrangements for hospitals outside Glasgow to refer their babies and ways to keep new mothers close to their babies if they are admitted to the Royal Hospital for Sick Children. In relation to the above, it is not clear from the consultation what the impact will be and there are no firm proposals relating to ensuring the continuity and development of these services – other than a stated commitment to ensuring that continuity and adequacy of transfer are priority issues.
- 2.6 In this light, it is difficult to see how public agreement can be reached on the right option - or indeed how public confidence in the process can be ensured. This is especially so when the clinical experts, upon whose impartial guidance the public has to depend, are so obviously divided. Whilst the NHS Board has undertaken an independently-chaired review in order to arrive at its preferred option, there is clearly public disquiet over the lack of space given to alternative options in its consultation. There is therefore a fair case for requesting that the NHS Board looks again at its approach to this consultation and takes some further time to explore options, openly and with views from all sides represented, for public debate.

Perhaps such a process would lead to a conclusion which supports the Board's current proposal; perhaps another option would command public and clinical support. The key thing is that it will have gone through a process that can carry public confidence.

2.7 The issues which relate directly to the Council's role and services are principally around transport and planning. The City Plan identifies sites such as hospitals and higher education uses as requiring campus planning to be undertaken to guide development proposals for these large areas. In relation to the Southern General site, no such document has been made available to the Council. The Council would, therefore, seek assurances that appropriate investigation has taken place, including the physical nature of the site and its ability to cope adequately with, for example, site planning, roads access, parking issues (given the issue of improving access for expectant mothers and visitors).

2.8 In transport terms, the River Clyde constitutes a major barrier to all modes of surface transport. The Council would seek assurances that the risk assessment carried out by the Maternity Services Working Group has fully taken account of congestion on the transport networks, at their limited number of river crossing points, especially in relation to the transportation of vulnerable babies to the RHSC. In the alternative scenario, i.e. transportation of mothers to adult services at the Princess Royal Maternity Hospital, there would not be a reliance on such limited routes.

2.9 Proposal 2:

There should be greater consistency and co-ordination in the organisation of maternity services with a Glasgow wide approach to service delivery. A proposal that the current system of three NHS Trusts providing services should be replaced by one operating division with one clinical and management team responsible for maternity and children's services, was made during the pre-consultation.

2.10 The Council would support the notion of a single operating division, responsible for maternity and children's services, given the benefits which have already been derived from the close working of specialists in children's and maternity services.

2.11 Proposal 3:

The quality of specialist services needs to be sustained during the implementation of change.

2.12 This proposal only comes into effect if the Board decides to close the Queen Mother's Hospital. However, the Council is of the view that further information on the impact of closure on these services is required, as is information on the measures to ensure that this objective is met.

2.13 Proposal 4:

Developing and improving community services, including a proposal that maternity centres, similar to those at Rutherglen and Millbrae which were opened after Rutherglen Maternity Hospital closed, could be developed across Greater Glasgow.

2.14 The Council would welcome the development of such centres as an effective means of ensuring women had access to appropriate services within their locality, particularly if the service is tailored to the specific needs of disadvantaged groups and women from the city's minority ethnic communities.

2.15 Proposal 5:

The Maternity Services Working Group was keen to see more maternity services being run and managed by midwives, including more midwifery-led birthing units where women, who do not have problems during labour, are cared for by a midwife and give birth in a more relaxed setting. For this reason, they recommended that more use should be made of the midwifery-led birthing unit at the Princess Royal Maternity Hospital as this is currently under-used and a similar midwifery-led birthing unit should be developed at the Southern General Hospital to provide care for the vast majority of women who do not need doctors to be present during the birth.

2.16 It is not clear from the consultation papers why the midwifery-led unit at the Princess Royal Maternity Hospital is under-used. Clearly, this would have to be fully investigated prior to recommending the development of a second unit.

2.17 Proposal 6:

Foetal (unborn babies) medicine services currently provided at Queen Mother's Hospital will be transferred to the Princess Royal Maternity Hospital providing a single consolidated service for the West of Scotland and including current national services provided at the Queen Mother's Hospital.

2.18 The Council notes that the provision of children's, maternity and adult services all on one site would be the means of ensuring that all services are available for mothers and children.

2.19 Proposal 7:

The final modernisation proposals should clearly take account of access and transport issues, mainly by delivering as much service as possible in community settings. It is proposed that a Transport Group which was set up specifically to look at the issues of access and transport for the modernising of Glasgow's hospitals project be tasked with looking at access and transport issues for women using maternity services.

- 2.20 The Council agrees that part of the remit of the Transport Working Group should be to address travel, access and accessibility issues faced by women accessing maternity services. It would have been useful to have had some indication of the Transport Group's deliberations to date on this issue. How individuals and families access facilities by public transport is of crucial importance, given Glasgow's low level of car ownership and the challenges of multiple deprivation faced by so many of its residents. The importance of public transport provision to maternity facilities cannot be underestimated.

3. SUMMARY

- 3.1 The Council's comments have focused both on the issues which it had raised in the original review of acute services in 2000 and also on the means by which public discussion has been engaged by the NHS Board. There are three principal issues which members are asked to consider:
- 3.2 That the integrated service which currently exists at Yorkhill is highly valued and regarded, both amongst the public and the medical profession, and that the links between the two hospitals have been of vital importance in delivering ground-breaking services for very vulnerable babies. Given that the Royal Hospital for Sick Children will continue for 15 years on its present site, no decision should be taken to close the Queen Mother's Hospital so long as the consultation is unclear about the impact of closure and there are no firm proposals for the future of these services.
- 3.3 That on the main medical issues, there appears to be no consensus amongst clinical opinion. Furthermore, there is a clear public perception that not all options have been given equal space for consideration in the NHS Board's consultation. It is therefore important that the Board takes time to explore further options, including consultation with neighbouring Health Boards, with a view to reaching a conclusion which commands public confidence in the process and, hopefully, in the outcome.
- 3.4 That in planning and transport terms, there is a need to ensure adequacy of the Southern General site and that it would be best to avoid reliance on routes across the river when dealing with time critical emergencies.

4. RECOMMENDATION

It is recommended that members consider and approve the above comments as the Council's response to the Greater Glasgow NHS Board's consultation on the Future of Maternity Services in Greater Glasgow.

Development and Regeneration Services
MMcH
17 February 2004