


The future of the Brent Birth Centre

A public consultation

A report summarising responses to the consultation

Brent 
Teaching Primary Care Trust

February 2008

The North West London Hospitals 
NHS Trust

Contents

	Page
1. Introduction	3
2. Background and key events in the period before statutory consultation	4-5
3. The formal consultation	6-8
3.1 Publications 3.2 Survey of local women 3.3 Public meetings 3.4 Other meetings 3.5 Media 3.6 Website and email 3.7 Distribution of documents	
4. Responses received during consultation process	9-21
4.1 Responses to questions asked during the consultation process 4.2 Responses to survey 4.3 Summary of responses from key organisations	
5. Main themes arising from responses	22-27
5.1 Preferred option 5.2 Expand maternity services at Central Middlesex Hospital 5.3 More publicity about the Brent Birth Centre 5.4 Choice and accessibility 5.5 Capacity at Northwick Park 5.6 Reputation of Northwick Park Hospital 5.7 Impact on staff 5.8 Criticisms of initial decision 5.9 Future uses of the centre	
6. Appendices	28
Appendix one: Letters issued by the Trust Appendix two: Press releases Appendix three: Distribution list of stakeholders Appendix four: Diary of main events Appendix five: Summary of feedback form responses Appendix six: Copies of formal responses from organisations	

1. Introduction

This report provides a summary of the feedback received during the formal public consultation about the future of the Brent Birth Centre (BBC). The consultation started on Friday 2 November 2007 and ended on 8 February 2008.

The report also provides information about the activities held before and during the consultation to ensure engagement with the local community, users of the service and NHS staff.

This report will be considered by the Boards of The North West London Hospitals NHS Trust (the Trust) and the Brent Teaching Primary Care Trust (PCT).

A decision about the next steps will be made by Brent Teaching Primary Care Trust after it has considered the responses to the consultation at its Board meeting in March 2008. The response to the consultation is also subject to endorsement from the Brent Overview and Scrutiny Committee.

This report will also be distributed to those organisations that took part in the consultation and will be made available on the website www.nwlh.nhs.uk/brentbirth following discussions at the board meetings of the PCT and the Trust.

2. Background and key events in the period before statutory consultation

In August 2007, The North West London Hospitals NHS Trust and Brent Teaching Primary Care Trust started informal discussions with key stakeholders about the future of the Brent Birth Centre and some possible options including moving the service to Northwick Park Hospital.

Whilst the centre, which is a midwifery-led unit based on the site of Central Middlesex Hospital, provides a good service to local women the Trust and PCT started to consider a number of options for the future of the centre. This was due to a number of factors including:

- **Lack of demand for the service:** Despite actively promoting the centre, the vast majority of women from Brent and Harrow who are suitable for a midwifery-led unit are not choosing the Brent Birth Centre. Midwives deliver in the region of 300 births a year – just 25 a month - when they would expect to be delivering more than 1,000.
- **Strengthening services:** By moving the service to Northwick Park Hospital, women would have on-site access to obstetric care - 24 hours a day, seven days a week. One in four of the women who have their babies at the BBC have to be transferred by ambulance to the obstetric unit at Northwick Park Hospital in labour because they need medical help.
- **Preparing for the future:** London is facing an increasing number of births. It is important that the Trust and PCT are able to support these changes so that we can provide enough midwives and obstetricians to care for future mothers and babies in an effective, efficient and safe environment.
- **Choice for women:** Moving the service to Northwick Park Hospital would enable women from across Brent and Harrow to access midwifery-led care. Moving the service to Northwick Park Hospital would still allow women to be cared for in a 'home from home' environment similar to the Brent Birth Centre but with the comfort of knowing there is on-site obstetric care available 24 hours a day, seven days a week.
- **Making the best use of taxpayer's money:** The centre costs the local NHS £1.2m a year to run but, because of a lack of demand, the Trust is running it at a loss of £300,000 a year.

As part of these informal discussions stakeholders - including staff, patient forums, local MPs, local councils and health partners - were asked whether they felt the Trust and PCT had considered the possible options available to them, as well as inviting them to suggest alternatives to the four options which were laid out in an initial paper.

These options were:

- 1) Do nothing - the Trust would continue to provide midwifery-led services at the Brent Birth Centre at Central Middlesex Hospital.
- 2) Transfer all maternity care to Northwick Park Hospital's Maternity Unit. This would mean that there would no longer be a midwifery led unit at either Northwick Park or Central Middlesex hospitals. There would also be no antenatal services provided at Central Middlesex Hospital
- 3) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Continue to provide antenatal care at the Brent Birth Centre.
- 4) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Provide antenatal services at Central Middlesex Hospital, but not within the Brent Birth Centre.

Stakeholders were also asked to inform the Trust and PCT of any additional groups or organisations that they thought should be involved in the formal consultation process.

Please see appendix one for a copy of the letter sent to stakeholders. Appendix four includes a list of meetings the Trust and PCT attended.

3. The formal consultation

The formal consultation process ran from Friday 2 November to Friday 8 February 2008.

The following actions were taken in order to listen to and understand the views of stakeholders both before and during the consultation period:

3.1 Publications

To support the consultation process a number of documents were produced including:

- A consultation document including a free post envelope and pull out feedback form
- A summary consultation document leaflet
- Posters advertising the consultation and the public meetings.

A distribution list for the documents is included in appendix three.

3.2 Survey of local women

As part of the consultation, more than 4,000 questionnaires were sent out to women who had registered to deliver their baby at Northwick Park Hospital's maternity unit and the Brent Birth Centre.

The PCT and the Trust hoped to gain a clearer understanding of the reasons why the Brent Birth Centre is not popular with mothers as well as grasp the factors which influence the choice of unit for expectant mothers. This survey was also made available online.

A summary of the feedback received from this survey is included on page 12.

3.3 Public meetings

Two public meetings were held at the Wembley Centre for Health and Care on Wednesday 21 November and Wednesday 28 November at Central Middlesex Hospital.

The meetings were advertised in the Brent and Willesden Times and the Harrow and Wembley Observer newspapers, throughout November. The dates were also included in the consultation document, summary leaflet and posters, both PCT and Trust websites as well as covering letters to stakeholders and press releases for the local media.

Attendance at these meetings was very low. One member of the public and a journalist attended the first meeting on 21 November. One member of the public and a staff member attended the second meeting on 28 November.

3.4 Other meetings

Members of local voluntary organisations were offered the opportunity for representatives from the Trust or PCT to come and talk to their organisation about the consultation.

Members of the Trust and PCT also presented the rationale around this consultation and the options to a range of local stakeholder meetings including the Brent and Harrow Overview and Scrutiny Committees, Brent PCT Patient Forum, the NWLH Patient Forum, Maternity Services Liaison Committee and the Patient and Public Involvement and Participation Committee (PIPPCO).

A Trust representative also met with the Brent BME forum after the formal consultation period following a request from the group to do so.

Staff briefings and discussions were also held at the maternity department and a general staff briefing was also organised at Central Middlesex Hospital. The matter was also discussed at Joint Staff Consultative Committee meetings.

The Brent Birth Centre was discussed at two of the Trust's public Board meetings on 15 August and 26 September 2007, which are held in public and publicly advertised in the local papers and on our websites.

The Brent Teaching PCT discussed and approved the formal consultation at their board meeting in September 2007.

See appendix four for diary of main events.

3.5 Media

A special press briefing was held with local newspapers on Wednesday 15 August to inform them that both the Trust and PCT were planning to publicly consult on options for the future of the centre.

This briefing was attended by the Brent and Willesden Times and the Harrow and Wembley Observer. The briefing was led by Fiona Wise, Chief Executive of the Trust and a question and answer session was held. When the consultation launched in November, a press release was issued at the same time with a view to publicising public meetings and explaining ways the public could have their say. A further press release was issued in January as a reminder of the deadline for the end of the consultation.

See appendix two for press releases.

3.6 Website and email

A dedicated section of the Trust's website was developed for the consultation www.nwlh.nhs.uk which included online feedback forms, the consultation documents and press releases. The website address was included in all the publicity documents and letters. A link was also included on the PCT's website.

A dedicated email address for the consultation was also set up – brent.birth@nwlh.nhs.uk so people could email their feedback forms, comments and responses to the consultation.

3.7 Distribution of documents

The consultation document and summary leaflets were distributed to a wide variety of individuals and community groups along with a letter of explanation. A list of these organisations are included in appendix three.

4. Summary of responses received during the consultation

This section summarises the responses received during the consultation process which need to be considered as part of the decision making process on the future of the Brent Birth Centre.

Firstly, it deals with responses to the main questions asked within the consultation materials and feedback forms. It then goes on to highlight responses to the survey and those received from key organisations.

Section five brings together the main themes raised from the above and other meetings, letters and emails received.

4.1 Responses to questions asked during the consultation process

Twenty-six feedback forms were received from individuals during the consultation period.

Of these:

- nine were users of the service
- nine were members of the public
- three were NHS staff
- two community representatives
- three other

The feedback forms asked four specific questions and asked for any other comments. These questions and a summary of the responses received are as follows (more information is also included in appendix five).

4.1.2 Responses to question one

Question one: Do you have any other options which you feel we should consider?

Out of the 26 responses, six said they felt all options had been explored and 13 did not answer the question. Three feedback forms suggested another option should be that full obstetric services be added to the BBC or CMH. Two forms said the Brent Birth Centre ought to stay and that it should be better publicised to local women; this was a common theme throughout the answers to the questions.

4.1.3 Responses to question two

Question two: If you had to choose a preferred option from this list, what would that be and why?

Of the nine respondents that favoured option one, two suggested a publicity campaign for the Brent Birth Centre should go hand in hand to maximise take-up in Brent and also Ealing.

Option 1	9
Option 2	1
Option 3	4
Option 4	6
Option 2 or 3	1
Option 3 or 4	1
Did not specify	4
Total	26

4.1.4 Responses to questions three

Questions three: If we were to go ahead with option four, what do you think would be the important issues for us to take into account?

There was a wide variety of answers to this question but the most significant theme to come out of the responses to this question was recreating a "home from home" environment like the Brent Birth Centre's and ensuring the same services, staff and facilities were available if a new centre was created at Northwick Park.

Other important factors included:

- Staff: knowing your midwife before giving birth, feeling supported and having a midwife with you all the time
- Option of water births
- Partners being able to stay the night
- Ensuring waiting areas for relatives and provision for siblings

In terms of the location of Northwick Park, key factors to consider were:

- **Transport links:** there were concerns that Northwick Park was too far away for Brent families and transport links from Brent were poor, or at least needed to be publicised
- **Staff:** reassurances were sought that staff would not lose their jobs
- **Signposting:** several responses listed signage as important; there was criticism of the signage at Central Middlesex Hospital and one response said the Brent Birth Centre was difficult to find
- **Parking:** several people said parking was expensive at Northwick Park and if the Brent Birth Centre was relocated there, the unit ought to have its own separate car park that was free of charge
- **Reputation:** Northwick Park's reputation was mentioned as being a source of concern

4.1.5 Responses to question four

Question four: If you are a current or previous user of the Brent Birth Centre, what do you think works well and what do you think we could

improve on? What would you see as important features of the service if it should be provided at Northwick Park Hospital?

The answers to this question were similar to the answers to the previous question. In terms of what works well, again the overwhelming response was the Brent Birth Centre's comfortable, home-from-home environment. People also liked the water births option, partners having the option of staying the night, the kitchen, having a bathroom in every room and said it was important to have a good relationship with their midwife. It was clear that respondents felt a midwifery-led centre at Northwick Park should be as much like the Brent Birth Centre as possible.

In terms of improvements, one response said that the availability of air and gas needed to be more flexible. Signposting was mentioned again as were transport links. Only one response was critical of the service and care at the Brent Birth Centre, while another praised the post-natal care but criticised the ante-natal care and said they had missed out on scans due to a shortage of staff.

Another theme was the perceived reputation of Northwick Park Hospital's maternity unit and that women might be nervous to have their baby there because of 'special measures'.

4.1.6 Responses to question five

Question five on the feedback form asked for other comments. These are summarised in section five and have been combined with other general responses received via emails, letters and comments from meetings.

4.2 Responses received from survey

As part of this consultation both Brent Teaching Primary Care Trust and The North West London Hospitals NHS Trust surveyed mothers who had used local maternity services in order to understand the reasons why they chose to have their baby at particular maternity units over others.

Over four thousand questionnaires (4,301) were sent to new mothers in Brent and Harrow whose details were registered on the maternity database held by The North West London Hospitals NHS Trust in November 2007.

A total of 392 (9%) mothers completed or part completed the questionnaire within the deadline for the consultation. They were returned either online or via the free postal address set-up.

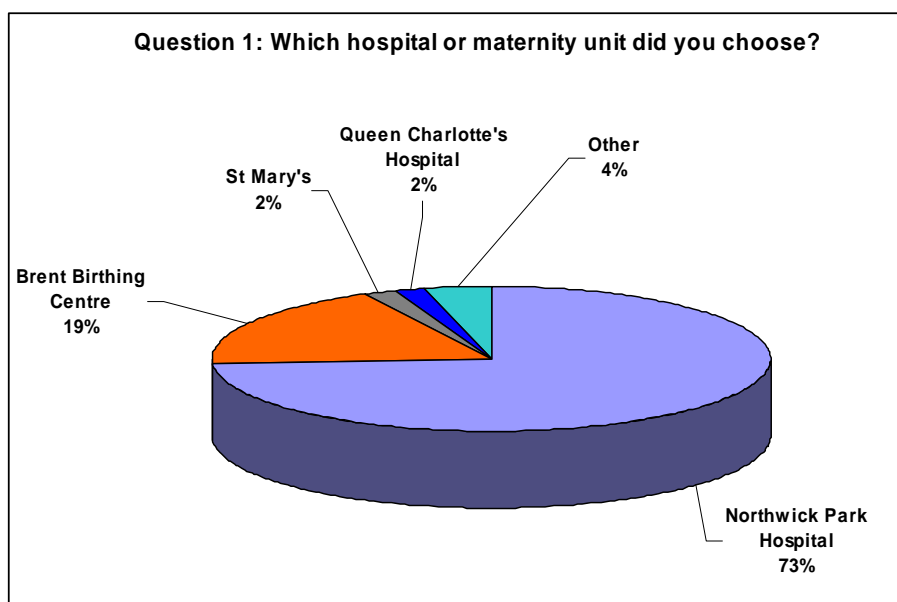
The survey included seven questions and an opportunity for women to add any further comments.

The vast majority of women who responded felt their experiences to be excellent (33%) or good (36%). The major factors which influenced their choice of unit were distance, availability of medical staff on site and previous experiences. Most women relied on their GP or midwife to advise them about which maternity unit or hospital to choose.

A summary analysis of the responses is given below.

Question one: Which hospital or maternity unit did you choose?

The vast majority, 73%, chose Northwick Park Hospital followed by the Brent Birth Centre which is to be expected given that the survey was of women living in Brent and Harrow.



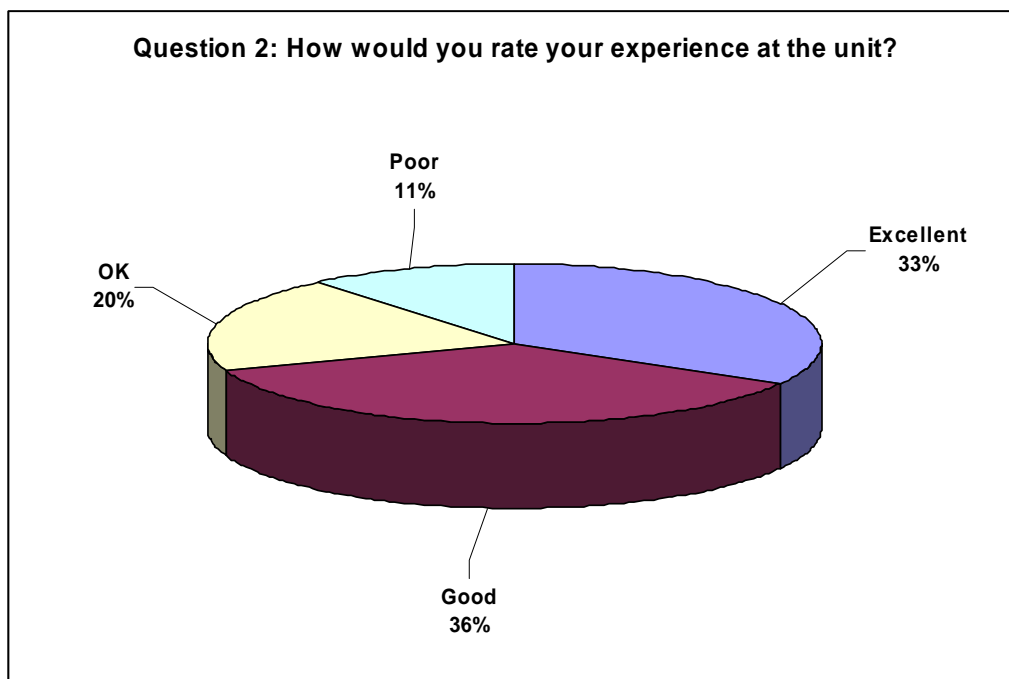
Question 1: Number of respondents and maternity unit chosen					
Northwick Park Hospital	Brent Birth Centre	St Mary's	Queen Charlotte's Hospital	Other	Total
289	73	7	7	15	391

Others	
Edgware Birthing Unit	8
Watford	2
Home	2
Hillingdon	1
Royal Free	1
St John & St Elizabeth	1
Total	15

Question two: How would you rate your experience at the unit?

The majority of respondents indicated that their experience had been either excellent or good at their chosen unit.

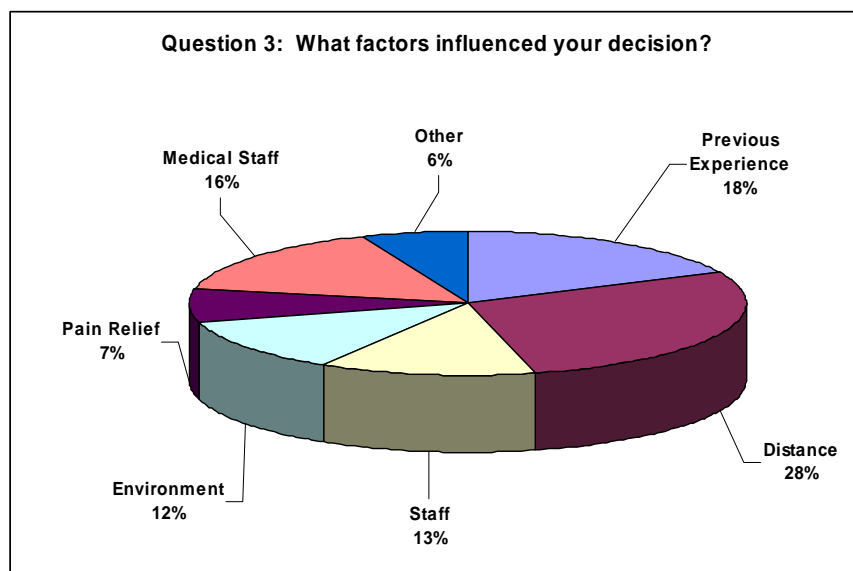
Experience of respondents				
Excellent	Good	OK	Poor	Total
129	140	76	43	388



Question three: What factors influenced your decision?

There were 684 responses to this question with many mothers choosing more than one factor. The overwhelming response was distance with 191 women picking distance as their first consideration followed by previous experience, staff and environment.

What factors influenced your decision?	
Previous experience	124
Distance	191
Staff	86
Environment	83
Pain Relief	51
Medical Staff	107
Other	42
Total	684

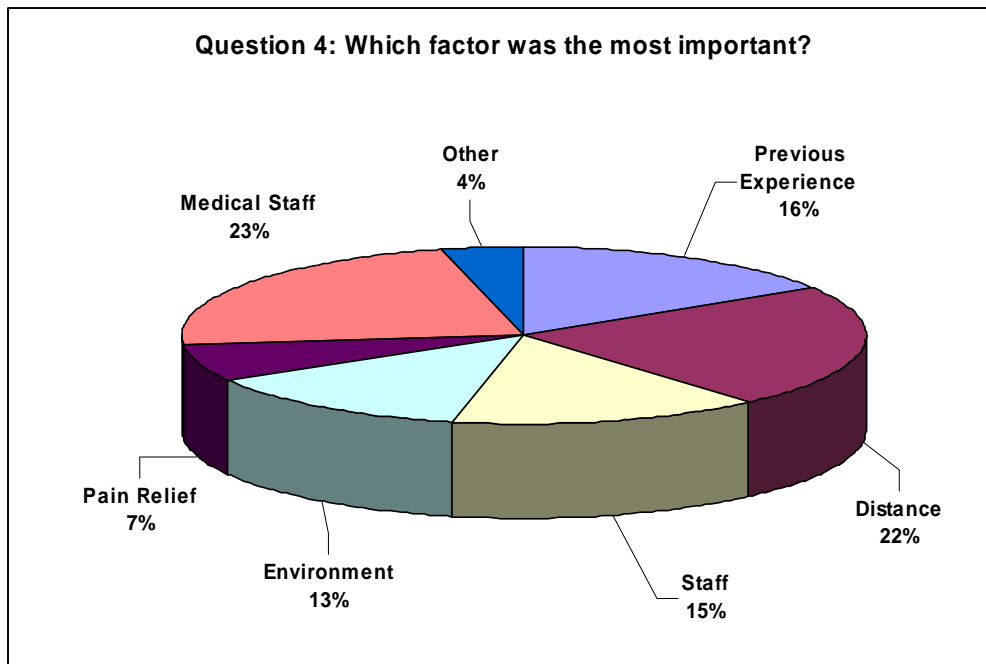


Question four: Which factor was the most important?

501 responses were given and of these 114 women said distance and 114 women said availability of medical staff on site.

Question 4: Which factors were the most important?							
Previous Experience	Distance	Staff	Environment	Pain Relief	Medical Staff	Other	Total
80	114	73	67	34	114	19	501

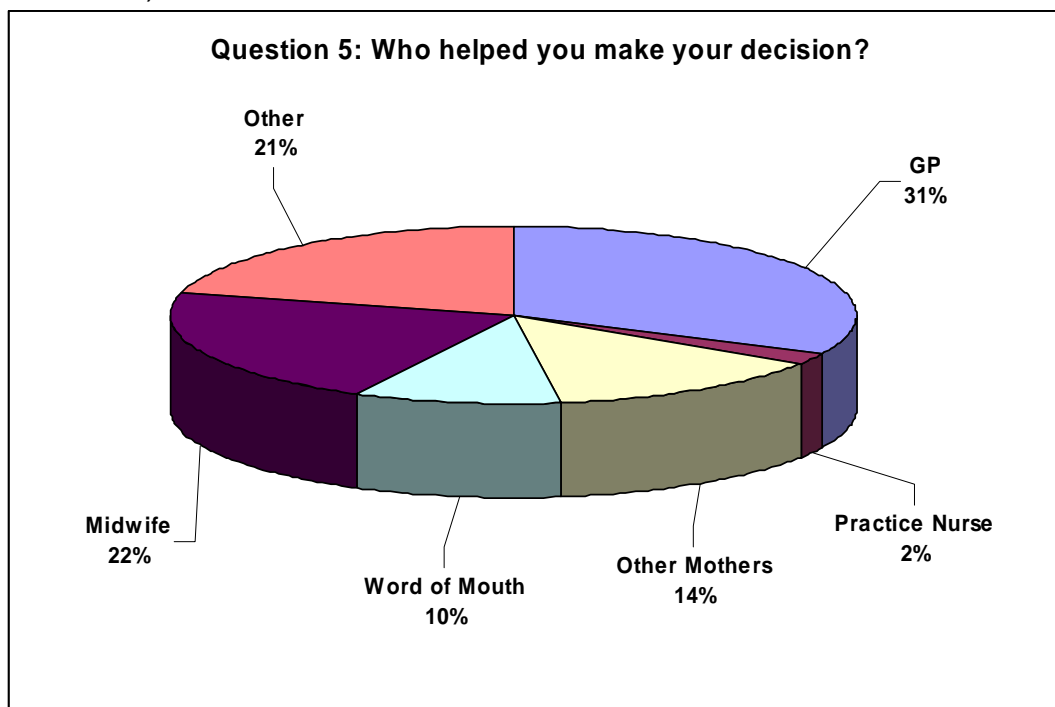
Other			
No Choice	3	Parking	1
Good care and communications	2	Close to home	1
Staff attitude	2	C Section	1
Partner	1	Reputation	1
Experience	1	Labour, partner, god, faith, husband	1
Medical staff	1		
Equal importance	1		
Very short labour	1		
Cleanliness	1		
Trusted midwife	1		
Total			19



Question five: Who helped you make your decision?

An analysis of responses shows that the majority of women relied on their GP (136) to help them choose the most appropriate delivery unit. However midwives (92) were nominated as second most likely to assist with choice of delivery unit.

Interestingly 187 women in total responded by saying they had help making their decision from word of mouth (41), other mothers (58) and other (88) (which included partners, own decision, having no choice and their consultant).

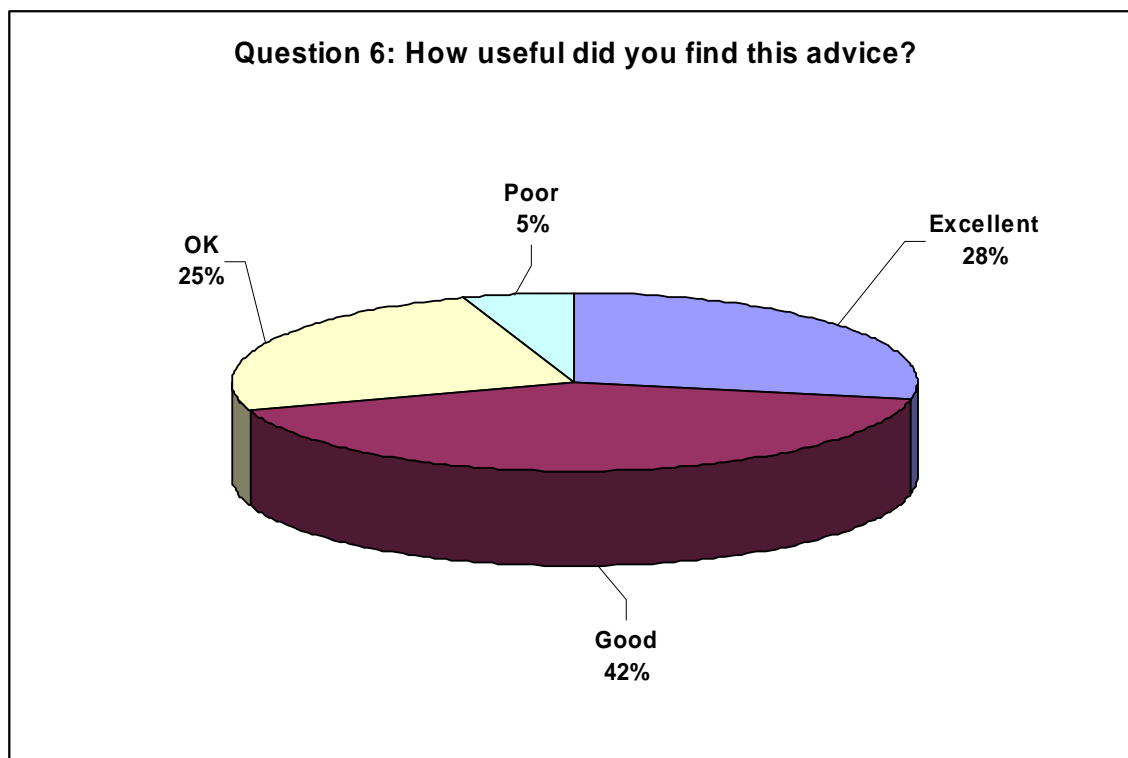


Who helped you make your decision?						
GP	Practice nurse	Other mothers	Word of mouth	Midwife	Other	Total
136	8	58	41	92	88	423

Other			
My own decision	24	Neighbours	1
Husband/partner	20	Private doctor	1
No choice	11	Health visitor	1
Consultant	6	Read a report on the internet	1
Not disclosed	6	Conjoined clinic	1
Previous experience	4	Experience in pathology	1
Ambulance	2	Word of mouth	1
Visit	2		
Friends/ family	2		
Total			84

Questions six: How useful did you find this advice?

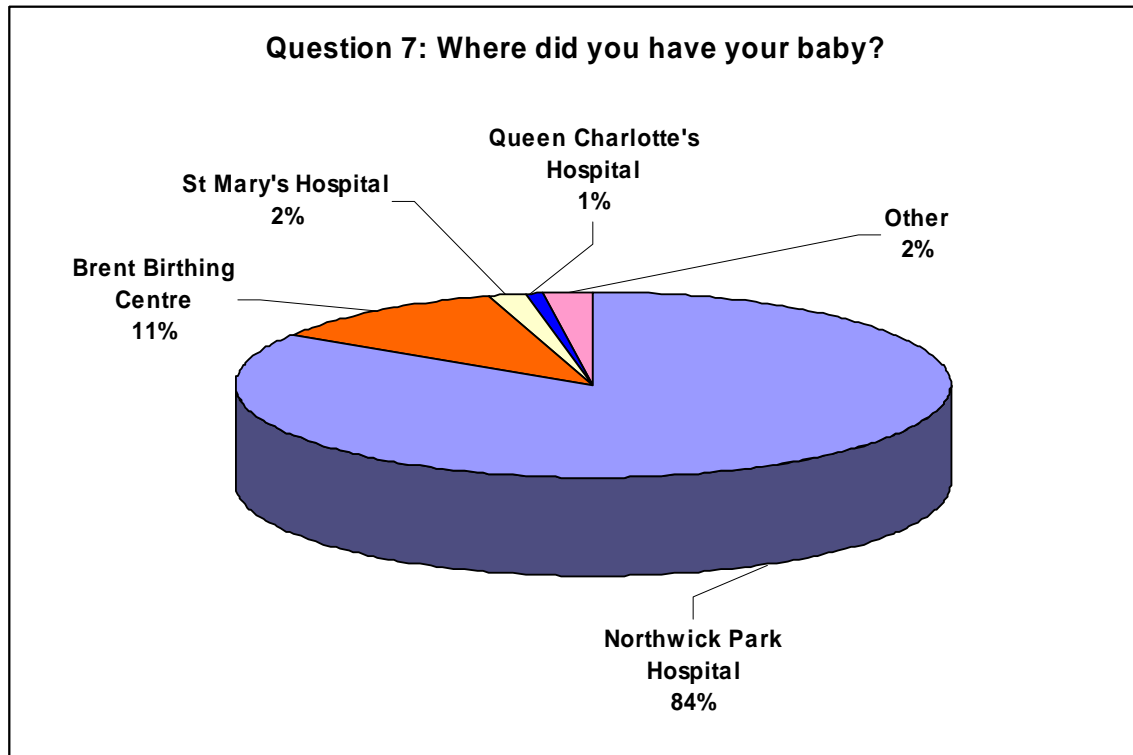
95% of women said they found the advice excellent, good or ok.



Question 6: How useful did you find this advice?				
Excellent	Good	OK	Poor	total
96	142	86	18	342

Question seven: Where did you have your baby?

Of the 73 women who selected the Brent Birthing Centre as their first choice only 42 were able to deliver there. Whilst the number who gave birth at Northwick Park Hospital went up to 320 (from 289) confirming that 31 of these women needed medical assistance requiring transfer to Northwick Park.



Where did you have your baby?					
NPH	BBC	St Mary's	QCH	Other	Total
320	42	6	4	8	380

Other	
Watford	1
Hillingdon	1
Home	1
Not born yet	1
Royal Free	1
Unknown	1
St John and St Elizabeth	1
Edgware Birth Centre	1
Total	8

Other comments

The questionnaire also allowed women to include comments about the care they received and their contact details.

Of the 392 respondents, 185 chose to make detailed comments about their experience which is indicative of the emphasis women place on having high-quality local maternity services.

There were a range of comments from considerable praise for both the Northwick Park Maternity Unit and Brent Birth Centre to issues about midwife staffing levels as well as antenatal and postnatal care.

A number of comments addressed choice of delivery unit and stressed the importance of midwifery led units being in 'hospital grounds' to be considered a valid choice. Distance and the creation of an aesthetically comfortable environment were also raised within a number of respondent comments.

Many respondents commented that they chose not to use the BBC due to the absence of onsite medical assistance should this become necessary.

One respondent commented:

"I find it absolutely astonishing that a Birth Centre was set up on a site without medical back-up. Did someone honestly expect especially first-time mothers to take such an unnecessary risk?"

Equally, many respondents suggested that if the midwife led unit was available with this support they would have no hesitation in selecting it. This was demonstrated in the following comment:

"I would love to have my second baby at a midwifery led unit but both Edgware and Brent do not have the back-up emergency medical support. It would be lovely to see the BBC move to Northwick Park Hospital."

The more critical comments made about midwife capacity, antenatal and postnatal services will be used to improve service delivery and inform future maternity service planning for Brent and Harrow.

The outcome of the survey clearly demonstrates the importance that women place on having a first-rate maternity care that is easily accessible and ensures that medical staff are readily available in the event of complications.

4.3 Responses from key organisations

Eleven statutory/voluntary organisations responded to the consultation and a short summary of these is detailed below. The responses are included in full in appendix six.

Eight organisations supported option four but several also sought reassurances. The National Childbirth Trust requested more information and data before a final decision on the future of the centre was made, while the Brent and Harrow Supervisors of Midwives said they wished the Brent Birth Centre to remain in its present state.

The Trust's response to some of these concerns is detailed in section five. They will all be responded too once a decision has been made by Brent Teaching Primary Care Trust.

4.3.1 Brent Overview and Scrutiny Committee

The committee provided a detailed response and agreed it was "clear and sensible" that the Trust and tPCT favour Option Four and it accepted the case for change as outlined in the consultation document.

It questioned how genuine the option to do nothing was, as it had been made clear that the centre could not continue to operate in current circumstances.

The committee said it would have been helpful to have further information on the possible future uses of the Brent Birth Centre and a breakdown of possible areas of future use would have been useful in conjunction with an outline of any restrictions on use which may apply.

4.3.2 Harrow Overview and Scrutiny Committee

The committee said if favoured option four, as it would strengthen maternity provision for Harrow women and use NHS resources more effectively. In supporting option four, it was concerned that it ran counter to the *Healthcare for London: A Framework for Action's* emphasis on midwifery-led units and community-based maternity service.

4.3.3 National Childbirth Trust (NCT)

The National Childbirth Trust provided a detailed response to the consultation and requested more information and clarity on a number of issues before a decision is taken regarding the future of the Centre. Two local members of the NCT also responded to the consultation, both echoing their national body's sentiments.

4.3.4 Brent and Harrow Supervisors of Midwives

The Supervisors of Midwives recommended the Brent Birth Centre remain where it is and continue as normal. It asked for the implementation of integrated teams in Brent to promote choice of birth location and recommended the centre be actively promoted.

4.3.5 Ealing PCT

Ealing PCT said it supported the position taken by Brent PCT and the Trust in preferring option four. It emphasised that access to maternity services to its population had been severely restricted as a result of Northwick Park being on special measures and that in supporting option four its "explicit expectation" was that the service change would result in Ealing's population having access to the birth centre and increased hospital-based activity.

4.3.6 Brent PCT Patient and Public Involvement Forum

The Forum said it would ideally support Option 1 (keeping the Brent Birth Centre open) with the addition of extended obstetric services, but said since it had been made clear that the current situation was not viable it supported option four and with ante-natal services at Central Middlesex Hospital.

It suggested a survey of public transport routes to different maternity services and asked for data on the number of births at the BBC by ethnic group so that the impact of proposals on these groups could be assessed. It also sought assurances the proposals were in line with the London-wide strategy for health.

4.3.7 NWLH PPI Forum

The Forum supported option four and said antenatal services should be provided at Central Middlesex Hospital but not necessarily at the Brent Birth Centre. The Forum requested a number of assurances including information about the cost of the proposed new unit at Northwick Park and that arrangements with neighbouring boroughs had been fully explored to maximise take-up at the Brent Birth Centre.

4.3.8 BME Forum

Just after the consultation period ended the BME forum requested a presentation and the Director of Nursing of the Trust attended their meeting to discuss issues and answer questions. The key messages that came out of this meeting were:

- There were concerns about reputation of Northwick Park's maternity unit and one GP raised lack of confidence in Northwick Park Hospital.
- There was a request that full maternity services are reinstated at Central Middlesex Hospital.
- Assurances were requested that the PCT and Trust had liaised with Barnet and Ealing PCTs in an effort to improve take-up.

- Details of the cost of moving the unit to Northwick Park Hospital were requested.
- The Forum requested that the Brent and NWLH PPI forums be issued ahead of time with a copy of the response to consultation report that goes to the Boards of the two Trusts.

4.3.9 Harrow PCT

The Chief Executive of Harrow PCT wrote to Brent tPCT in support of option four. The letter highlighted that this was the preferred option of its board; the practice based commissioning consortia, the local health and social care professionals, the Harrow PPI Forum and the Young People's Partnership.

4.4.0 Maternity Services Liaison Committee (MSLC)

The MSLC confirmed their support for option four in their response to the consultation. The Committee sought reassurances that:

- The unit demonstrate a commitment towards achieving Unicef Baby Friendly breast feeding status.
- Access to local services for the women of Brent and Harrow is prioritised taking into account the potential increase in demand.
- That the standard of the environment in outreach clinics at Central Middlesex for ante and postnatal care is good.

The committee also welcomed potential links to children's centres sites in Brent and Harrow and congratulated the unit on recent service improvements which are reflected in the maternity services review and acknowledged the work to improve services for vulnerable women.

4.4.1 Harrow Local Safeguarding Children's Board

The Children's Board response supports option four and believes this as the most effective option. The response also suggests further joint working with mothers and children to improve Harrow's infant mortality rate.

5. Main themes arising from responses

This section pulls together the main themes raised and responses to them from The North West London Hospitals NHS Trust and Brent Teaching Primary Care Trust.

5.1 Preferred option

Not all respondents stated their preferred option however some analysis of those that did is given below.

Organisations

- Eight out of eleven organisations said they supported option four.

Feedback forms

- Nine favoured option one
- One considered option two to be the best option
- Four favoured option three
- Six favoured option four.
- One response favoured option two or three and one favoured option three or four.

Four people did not answer the question.

Emails responses

- Of the nine email responses, only one commented specifically on which option they preferred and this was option four.

5.2 Expand maternity services at Central Middlesex Hospital

A number of responses suggested that the Brent Birth Centre be expanded to include a full obstetric service or suggested that a full maternity service be set up at Central Middlesex Hospital as a way to encourage women to choose the Brent Birth Centre. Several respondents said they had wanted to have their baby at the Brent Birth Centre but ruled it out because of the risk of having to be transferred to Northwick Park if problems arose.

Response from the Trust and PCT

- Providing an obstetric service or basing doctors at the Brent Birth Centre is not an option for a number of reasons. National guidance recommends that maternity units have a minimum of 4,000 births a year. Given the close proximity of other maternity units to Central Middlesex Hospital and the size of the catchment area there would not be a sufficient number of births to sustain a full maternity unit. This is one of the reasons why changes to maternity services were consulted on in 1999.

5.3 More publicity about the Brent Birth Centre

Comments from local women suggested there was not enough awareness in the community about the centre and several suggested that GPs and midwives in both Brent and Harrow were not offering it as a choice for women when considering options for the birth of their baby.

Other responses pointed out that the centre opened only three years ago and said that the demand for the birth centre, while low, was steadily increasing and that the service needed more time and that, combined with more publicity, it could be viable in the future.

During the consultation Fiona Wise, Chief Executive of NWLH NHS Trust wrote to Chief Executive of Harrow PCT, David Slegg about this issue. He replied stating that he would ensure relevant practitioners were made aware of the choice of the Brent Birth Centre for expectant mothers after the Trust alerted him to initial responses from Harrow women saying they were not being made aware of the Brent Birth Centre's existence.

Response from the Trust and PCT

- The Trust has promoted the service using leaflets and posters and by holding tours for women. The service has also been promoted through GP forums, Women's Partnership, Maternity Services Liaison Committee and Harrow National Childbirth Trust.
- All GPs have received copies of the eligibility criteria so that they can help to identify women who may wish to deliver their baby at the Centre.
- The service is also offered as an option to all 'low risk' women when they first book to have their baby with the Trust. It is then further promoted at their later appointment with a midwife.
- Despite the publicity during pre-consultation and consultation there was no increase in bookings for the Brent Birth Centre.

5.4 Choice and accessibility

Several responses noted that while Harrow women would benefit from having the Brent Birth Centre situated at Northwick Park, it would limit choices for women living in Brent, many of whom feel Northwick Park is too far away, particularly for those in the south of the borough.

Other comments included concerns about the expense of parking at Northwick Park and questioned whether there would be enough available parking once a new unit was up and running.

The Trust was also encouraged to publicise transport links from Brent to Northwick Park.

Several comments, mainly from Harrow women, said they would welcome a midwifery-led unit at Northwick as it would enhance the already good service available there.

Response from the Trust and PCT

- At present a high percentage (44%) of women living in Brent use the Northwick Park Hospital maternity unit. This compares to less than 1% who use the Brent Birth Centre. This suggests that women living in Brent are willing to travel to Northwick Park Hospital.
- Other choices for women in the south of Brent include St Mary's Hospital and Queen Charlotte's Hospital. Both of these hospitals are less than 5 miles from areas in the south of Brent.
- St Mary's Hospital is increasing their capacity for Brent births and has opened a midwifery-led unit. The women of south Brent will therefore have access to both an obstetric unit and midwifery led unit at St Mary's and at Northwick Park Hospital. The opening of the midwifery led unit at St Mary's Hospital may also result in demand for the Brent Birth Centre dropping further.
- A midwifery-led unit at Northwick Park will also allow more women increased choice as they will automatically have access to this unit should they meet the criteria as well as being able to give birth in the delivery suite.

5.5 Capacity at Northwick Park Hospital

Several responses questioned whether there was room at Northwick Park for a midwifery-led unit to be built and also whether it had the capacity to take on more births given it was already very busy unit. Brent Birth Centre staff were also concerned that they may be brought in to work in the main maternity unit if things got busy or if there was a staffing shortage. They sought reassurances that they would not have to do so.

Response from the Trust and PCT

- Space for a dedicated Midwifery Led Unit has been identified at Northwick Park Hospital.
- Brent Birth Centre staff will be able to transfer to this unit. The staffing of the overall Maternity Unit is flexible and the Trust may need to ask staff to work certain shifts in different areas of the department as per current practice.

- In addition, the Unit is working with the local PCTs to develop a new model of midwifery led care, in which the community and hospital services will be more fully integrated to allow women continuity throughout their pregnancy.

5.6 Reputation of Northwick Park Hospital

Several respondents said they would not want to go to the maternity unit at Northwick Park because it had a bad reputation. Others said they knew that Northwick Park's maternity unit was now good, but that its image needed improving.

Response from the Trust and PCT

- Special measures were lifted from Northwick Park Hospital's maternity unit in September 2006. There has been a £19m refurbishment including a new delivery suite, two dedicated obstetric theatres and fully refurbished wards. Four additional consultant obstetricians with specialist skills in the management of complex pregnancies have been introduced as well as twenty additional community midwives in the past year. There are 10 additional midwives at the hospital. Clinical governance structures have been overhauled.
- A Day Assessment Unit providing care to antenatal and postnatal women has been set up as well as an integrated fetal medicine unit. A full interpreting service in more than 100 languages has been introduced.
- The unit was also recently awarded CNST Level 2 which means the Unit has passed a number of rigorous quality and governance standards.
- In the Healthcare Commission's recent review of maternity services, the unit was rated as fair performing and was in the top eight maternity units in London.

5.7 Impact on staff

Throughout the consultation period, the Trust has offered reassurances that staff would not be made redundant or lose their jobs.

Staff suggested that the Birth Centre should be publicised again more fully. They also raised concerns about whether Northwick Park Hospital would be able to absorb the additional number of births.

Staff also highlighted that students enjoy working in the Birth Centre and the midwives believe the midwife-led environment needs to be encouraged to promote normal delivery.

Response from the Trust and PCT

- If Option 4 were to go ahead. The Trust would offer staff the opportunity to move across to the maternity unit at Northwick Park Hospital. There would be no redundancies.
- Publicity for the Centre - see section 5.3
- Capacity at Northwick Park -see section 5.5
- Promotion of normal delivery will continue through the proposal to transfer the Birth Centre to a midwifery led unit at Northwick Park Hospital. This will also continue to provide a training environment for student midwives.

5.8 Criticisms of initial decision

Several responses questioned the reason for opening the Brent Birth Centre and questioned whether appropriate research had been done beforehand to find out if there was going to be demand for the centre.

Response from the Trust and PCT

- The Brent Birth Centre was developed as a result of a public consultation with local women who said they wanted a midwifery-led unit. When the Trust opened the unit it anticipated more women using the service than has been the case.
- The Trust has an obligation to review the service to ensure that it is giving taxpayers value for money and giving all local expectant mothers equal access to a service that they can use.
- Strengthening services as referred to on page 4
- Preparing for the future as referred to on page 4
- Choice for women as referred to on page 4

5.9 Future uses of the centre

One submission suggested that the Trust could consider collaborating with neighbouring hospitals who might be interested in using the BBC for low-risk deliveries. These hospitals could then contribute to some of the running costs.

Another suggested that the BBC could be modified and used as a polyclinic for Brent PCT to deliver community-based women's and children's care.

Response from the Trust and PCT

- No decision has been made about the future use of the building at this stage as this is subject to the outcome of the consultation. However, it could be used to accommodate health services. The Trust and PCT would want to ensure that any services provided from this building in the future are appropriate.

6.0 User satisfaction

Many responses from users of the service praised the level of care and facilities of the Brent Birth Centre and its staff.

It will be important for the Trust and PCT, should it transfer the service to Northwick Park Hospital, to ensure that the positive aspects of the service are also incorporated into the new service. For example - suggestions made during the consultation about facilities such as birthing pools and creating a home from home environment.

The consultation provided an enormous amount of general feedback about maternity services. This will be reviewed by the Trust to ensure further improvements can be made to services.

7. Appendices

- Appendix one: Letters issued by the Trust
- Appendix two: Press releases
- Appendix three: Distribution list of stakeholders
- Appendix four: Dairy of main events
- Appendix five: Summary of feedback form responses
- Appendix six: Copies of formal responses from organisations

Appendix one: Letters issued by the Trust

1. Copy of letter issued 8 August 2007

Dear XXXXX

Brent Birth Centre

I am writing to inform you that we are starting discussions with our staff and other key stakeholders about proposals for the Brent Birth Centre which is based at Central Middlesex Hospital in Park Royal.

This matter will be discussed at our board meeting, which is held in public, on 15 August 2007. Depending on the outcome of this meeting and our discussions with you, any proposed changes to services would then be subject to public consultation which we would lead on a day to day basis with the support of the Brent Teaching PCT.

Discussions about changing services can be unsettling for staff and often raise concern within the local community. For this reason I wanted to write to you at the earliest opportunity so that we can involve you in these discussions.

The Brent Birth Centre provides a good service to local women but there are a number of reasons, such as the lack of demand for the service, improving clinical care, meeting the future needs of the local population and ensuring the best use of our resources that mean we now need to consider its future.

We are currently considering a number of options which we are discussing with key stakeholders, prior to arriving at a definite list of options upon which we would formally consult.

Clearly this is early days and we are just starting discussions. I would welcome any comments you have about how best we can involve you and the local community in our discussions before and during formal consultation. A similar letter has also been sent to the chair of your Overview and Scrutiny Committee. Copies of our board papers will be available on our website www.nwlh.nhs.uk from Friday 10 August.

Yours sincerely

Moira Black CBE
Chairman

Distribution

- Brent and Harrow Overview and Scrutiny Committees

- Patient Forums (Harrow PCT, Brent PCT, NWLH PCT)
- MPs for Brent and Harrow
- Brent and Harrow Council chief executive and leaders
- Parent Partnership
- Labour Ward Forum
- Maternity Services Liaison Committee
- Royal College of Midwives
- Local Supervising Authority
- Thames Valley University - Midwifery, Faculty of Health and Human Sciences
- Nursing and Midwifery Council
- National Childbirth Trust
- PCTs - Harrow PCT, Ealing PCT, Hillingdon Primary Care Trust, Westminster Primary Care Trust, Hammersmith and Fulham Primary Care Trust, Barnet Primary Care Trust, London Ambulance Service

2. Copy of letter issued 24 August 2007

Friday 24 August 2007

Dear XXXXXX

Brent Birth Centre

As you are aware from our letter dated Wednesday 8 August, we are considering proposals for the future of the Brent Birth Centre.

As this letter explained, before we start any formal consultation we are discussing a variety of options for the Centre with key stakeholders.

These options, which include relocating the Centre to Northwick Park Hospital but retaining antenatal care at the Centre or within Central Middlesex Hospital, were highlighted in our 15 August board paper (www.nwlh.nhs.uk/documents).

We would be particularly interested to know from you:

- Whether you feel we have considered the possible options available to us at this stage.
- Of any additional groups or organisations that you think we should include in the formal consultation process. If so, we would ask that you send details on to us.

If you have any comments, I would appreciate it if you could feedback these as soon as possible, preferably before Friday 8 September. Our plan is to take a draft consultation document to the Brent Primary Care Trust Board on 20 September and The North West London Hospitals NHS Trust Board on 26 September. Following these meetings, we hope to launch a formal public consultation period in partnership with Brent Teaching Primary Care Trust.

Clearly we will be in touch during the formal consultation process. In the meantime please do not hesitate to contact my office if you would like more information or for someone to attend one of your regular meetings.

Yours sincerely,

Fiona Wise
Chief Executive

Distribution

- Brent and Harrow Council chief executive and leaders
- Parent Partnership
- Labour Ward Forum

- Maternity Services Liaison Committee
- Royal College of Midwives
- Local Supervising Authority
- Thames Valley University - Midwifery, Faculty of Health and Human Sciences
- Nursing and Midwifery Council
- National Childbirth Trust
- PCTs - Harrow PCT, Ealing PCT, Hillingdon Primary Care Trust, Westminster Primary Care Trust, Hammersmith and Fulham Primary Care Trust, Barnet Primary Care Trust, London Ambulance Service

Copy of letter issued Friday 2 November

Dear sir/madam

Brent Birth Centre - a public consultation

As you may be aware Brent Teaching Primary Care Trust together with The North West London Hospitals NHS Trust has launched a consultation to seek the views of local people and organisations about future options for the Brent Birth Centre.

Whilst the Brent Birth Centre provides a good service to local women there are a number of reasons why we are now considering proposals for its future. These include the lack of demand for the service (around 300 women a year choose to have their babies there), meeting future needs of the population and making sure we make the best use of resources.

We have set out why changes are being considered and a number of options on which we would like your views in the enclosed consultation document and summary leaflet.

We would also like as many people as possible to have an opportunity to read or give us feedback on the information in the document. Please share it and forward it on to others if you think they would like to take part. You can also contact us for more copies, details are given in the box.

We look forward to hearing from you. All responses must be sent to us by **8 February 2008**.

Yours sincerely

Mark Easton
Chief Executive
Brent Teaching Primary Care
Trust

Fiona Wise
Chief Executive
The North West London
Hospitals NHS Trust

There are lots of ways in which you can get involved.

- **Go to our website**
www.nwlh.nhs.uk/brentbirth
- **Fill out the feedback form** in the consultation document or on-line via our website.
- **Order more documents and leaflets** to share with others by emailing brent.birth@nwlh.nhs.uk or calling us on 020 8869 3701.
- **Come along to one of our open meetings** on 21 and 28 November. For details visit the website or see the consultation documents.
- **Request a meeting for your organisation or group.** If you would like a member of staff to come and talk to your organisation to explain the proposals please email us or call us.

Appendix 2: Press releases

- **Copy of press statement issued Wednesday 22 August**

Press statement: Brent Birth Centre

North West London Hospitals NHS Trust has started discussions with its local community about future proposals for the Brent Birth Centre.

At its board meeting on Wednesday 15 August, it discussed a variety of options for the Centre which include relocating it to Northwick Park Hospital but retaining antenatal care at the Brent Birth Centre or within Central Middlesex Hospital.

Following further discussions with key stakeholders the Trust together with Brent Teaching PCT hopes to formally consult with the local community on a final list of options.

Chief Executive of the Trust, Fiona Wise, said: "Whilst the Brent Birth Centre provides a good service to local women, there are many reasons why we, in partnership with Brent Teaching Primary Care Trust, now need to consider proposals for its future. These include the lack of demand for the service and making sure we make the best use of resources.

"Despite actively promoting the centre, the vast majority of women from Brent and Harrow who are suitable for a midwifery led unit are not choosing the Brent Birth Centre. Our midwives deliver in the region of 300 births a year - 25 a month - when they should be delivering more than 1,000.

"One of the current options is to relocate it to Northwick Park Hospital. By co-locating the centre with an obstetric unit and widening the catchment area we believe this would give women in Harrow better access to midwifery led care and help to increase demand.

"The centre also currently costs us £1.2m a year to run but it is running at a loss of £300,000 a year. These resources, including staff at the Centre, could be better used.

"Over the coming weeks we will be discussing these possible options with key stakeholders with a view to launching a consultation with the local community in partnership with Brent Teaching Primary Care Trust. "

ENDS.

For more information contact Fiona Wilde Communications Manager Tel: 020 8869 3701

- **Copy of press release issued 30 Oct 2007**

Press Release

Have your say

Consultation on the future of Brent Birth Centre launched

A three month consultation to seek the views of local people about proposals for the Brent Birth Centre in Park Royal will be launched on Friday 2nd November 2007 by Brent Teaching Primary Care Trust and The North West London Hospitals NHS Trust.

Chief Executive of The North West London Hospitals NHS Trust, Fiona Wise, said: "Whilst the Brent Birth Centre provides a good service to local women, there are many reasons why we, in partnership with Brent Teaching Primary Care Trust, are now considering proposals for its future and why we want to hear the views of local people about the options available. These include the lack of demand for the service and making sure we make the best use of resources."

Despite actively promoting the centre, the vast majority of women from Brent and Harrow who are suitable for a midwifery led unit are not choosing the Brent Birth Centre. Midwives deliver in the region of 300 births a year - 25 a month - when they should be delivering more than 1,000.

One in four of the women who have their babies at the BBC have to be transferred by ambulance to the obstetric unit at Northwick Park Hospital in labour because they need medical help.

The Centre also currently costs the local NHS £1.2m a year to run but because of the lack of demand for the service the Trust is running the service at a loss of £300,000 a year.

Fiona added: "London is also facing an increasing number of births. It is important that we are able to support these changes and use resources efficiently so that we can provide enough midwives and obstetricians to care for future mothers and babies."

The Trust and PCT are seeking views on four options but are also keen for people to come forward with other suggestions and ideas as part of the consultation. The four options are:

- 1) Do nothing - the Trust would continue to provide midwife-led services at the Brent Birth Centre at Central Middlesex Hospital.

- 2) Transfer all maternity care to Northwick Park Hospital's Maternity Unit. This would mean that there would no longer be a midwifery unit at either Northwick Park or Central Middlesex hospitals. There would also be no antenatal services provided at Central Middlesex Hospital
- 3) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwife-led unit within Northwick Park Hospital's recently refurbished maternity unit. Continue to provide antenatal care at the Brent Birth Centre.
- 4) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Provide antenatal services at Central Middlesex Hospital, but not within the Brent Birth Centre.

Chief Executive of the PCT, Mark Easton, said: Chief Executive of the PCT, Mark Easton, said: "Whilst we have included a number of options in the consultation document we would encourage participants to make alternative suggestions preferably earlier in this consultation period, so that we can look into these and feed back as part of the consultation process."

Consultation documents and leaflets are being distributed to libraries, GP surgeries and voluntary organisations across Brent and Harrow. The Trust and PCT is also offering to attend local community group meetings as part of the consultation.

Members of the public can find out more by logging on to www.nwlh.nhs.uk/brentbirth or they can attend open public meetings which are being held in November.

- **Wednesday 21 November** at 6.00pm at the Wembley Centre for Health and Care, 116 Chaplin Road, Wembley HA0 4UZ.
- **Wednesday 28 November** at 6.00pm at the Medical Education Centre, Central Middlesex Hospital, Park Royal.

The consultation will end on 8 February 2008

-----ENDS-----

Notes to editors:

- The Brent Birth Centre was opened in 2004 at Central Middlesex Hospital and is managed by North West London Hospitals NHS Trust. It provides a 'home from home' environment for women and is designed for women who are expected to have straightforward deliveries and who want midwife support during their labour and delivery.

- The four options have been discussed with some key stakeholders in the months leading up to the launch of the formal consultation. Stakeholders, including local scrutiny committee and patient forums, were asked for their views as to whether all the possible options available to the Trust and PCT had been considered and how they would like to be involved in the consultation process.

- **Copy of press release issued Monday 12 November 2007**

Press Release

Have your say: Brent Birth Centre public meetings

Local people are encouraged to attend two public meetings about proposals for the Brent Birth Centre being held in November. A three month public consultation on the future of the centre was launched on Friday 2 November 2007 by Brent Teaching Primary Care Trust and The North West London Hospitals NHS Trust.

The meetings are:

- **Wednesday 21 November** at 6.00pm at the Wembley Centre for Health and Care, 116 Chaplin Road, Wembley HA0 4UZ.
- **Wednesday 28 November** at 6.00pm at the Medical Education Centre, Central Middlesex Hospital, Park Royal.

The Trust and PCT are seeking views on four options but are also keen for people to come forward with other suggestions and ideas as part of the consultation.

Consultation documents and leaflets are being distributed to libraries, GP surgeries and voluntary organisations across Brent and Harrow. The Trust and PCT is also offering to attend local community group meetings as part of the consultation.

Find out more at www.nwlh.nhs.uk/brentbirth

ends

Notes to editors:

- For more information contact the press office on 020 8869 3701.
- The Brent Birth Centre was opened in 2004 at Central Middlesex Hospital and is managed by North West London Hospitals NHS Trust. It provides a 'home from home' environment for women and is designed for women who are expected to have straightforward deliveries and who want midwife support during their labour and delivery.

- **Copy of press release issued Tuesday 15 January 2007**

Press release

Public urged to make submissions on Brent Birth Centre future

Local people are encouraged to have their say on proposals for the future of the Brent Birth Centre before the public consultation closes in several weeks' time on February 8.

The three-month consultation is being run by Brent Teaching Primary Care Trust and The North West London Hospitals NHS Trust.

Following the end of the consultation, submissions will be put together in a feedback document which will be presented to Brent PCT's board in March.

The Trust and PCT are seeking views on four options (see note to editors below) but are also keen for people to come forward with other suggestions and ideas as part of the consultation.

There are several reasons the trusts are considering the centre's future.

Despite actively promoting the service, the vast majority of women from Brent and Harrow who are suitable for a midwifery led unit are not choosing the Brent Birth Centre. Midwives at the centre deliver only 300 births a year (about 25 a month) when they should be delivering more than 1,000.

The Centre costs the local NHS £1.2m a year to run but because of the lack of demand the Trust is running the service at a loss of £300,000 a year.

Members of the public can find out more by logging on to www.nwlh.nhs.uk/brentbirth or can call 020 8869 3701 for a copy of the consultation document. Two public meetings were held in November.

-----ENDS-----

Notes to editors:

1. The Brent Birth Centre was opened in 2004 at Central Middlesex Hospital and is managed by The North West London Hospitals NHS Trust. It provides a 'home from home' environment for women and is designed for women who are expected to have straightforward deliveries and who want midwife support during their labour and delivery.
2. The four options are:

- 5) Do nothing - the Trust would continue to provide midwife-led services at the Brent Birth Centre at Central Middlesex Hospital.
- 6) Transfer all maternity care to Northwick Park Hospital's Maternity Unit. This would mean that there would no longer be a midwifery unit at either Northwick Park or Central Middlesex hospitals. There would also be no antenatal services provided at Central Middlesex Hospital
- 7) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwife-led unit within Northwick Park Hospital's recently refurbished maternity unit. Continue to provide antenatal care at the Brent Birth Centre.
- 8) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a dedicated midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Provide antenatal services at Central Middlesex Hospital, but not within the Brent Birth Centre.

Appendix 3: Distribution list of stakeholders

Members of Parliament

- Dawn Butler (MP for Brent South)
- Barry Gardiner (MP for Brent North)
- Tony McNulty (MP for Harrow East)
- Sarah Teather (MP for Brent East)
- Gareth Thomas (MP for Harrow West)

Local councils

- London Borough of Brent
 - Chief executive's office
 - Leader of the council
 - Chair of Overview and Scrutiny Committee
- London Borough of Harrow
 - Chief executive's office
 - Leader of the council
 - Chair of Overview and Scrutiny Committee

NHS

- Barnet PCT (inc GPs and Professional Executive Committee)
- Barnet and Chase Farm Hospitals NHS Trust
- Brent Teaching PCT Trust (inc GPs and Professional Executive Committee)
- Central and North West London Mental Health NHS Trust
- Chelsea and Westminster Healthcare NHS Trust
- Ealing Hospitals NHS Trust
- Ealing PCT (inc GPs and Professional Executive Committee)
- Harrow PCT (inc GPs and Professional Executive Committee)
- Hammersmith Hospitals NHS Trust (from October 1 2007 Imperial College Healthcare NHS Trust)
- Hillingdon PCT (inc GPs and Professional Executive Committee)
- London Ambulance Service NHS Trust
- NHS London
- St Mary's Hospital NHS Trust (from October 1 2007 Imperial College Healthcare NHS Trust)
- The Hillingdon Hospital NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Westminster PCT (inc GPs and Professional Executive Committee)

Statutory and professional bodies

- Healthcare Commission
- Local Supervising Authority
- Maternity Services Liaison Committee
- Nursing and Midwifery Council
- Royal College of Midwives
- Thames Valley University

Media

- Harrow and Wembley Observer
- Harrow Times
- Willesden and Brent Times

The North West London Hospitals NHS Trust

- Associate medical director
- Brent Birth Centre staff
- Chairman and Chief Executive
- Executive and non-executive directors
- Joint Staff Consultative Committee
- Local Negotiating Committee
- Medical Staff Committee
- Patient and Public Involvement Partnership and Co-ordinating Committee
- Supervisor of midwives
- Women's and children's directorate

Patient forums

- Brent Teaching PCT Patient Forum
- Harrow PCT Patient Forum
- North West London Hospitals NHS Trust Patient Forum
- PIPCO

Other local interest groups and voluntary organisations

- Age Concern Brent
- Age Concern Harrow
- An-Nisa Society
- Asian Carer's Support Group
- Asian Women's Resource Centre
- Aspire
- Black Women's mental health
- Brava
- Brent African Organisation
- Brent Association of Disabled People
- Brent Black and Ethnic Minority (BME) Forum
- Brent Carer's Association
- Brent Irish Advisory Service
- Brent Pensioner's Forum
- Brent Race Health and Social Care Forum
- Brent Refugee Forum
- Carer's Support Harrow
- Community Health Action Trust
- Community Voice
- Early Years Harrow

- Gateway Club
- Harrow Council for Racial Equality
- Harrow Deaf Club
- Harrow Mencap
- Health Matters
- Hindu Council
- Labour Ward Forum at The North West London Hospitals NHS Trust
- Muslims with Disabilities
- National Childbirth Trust
- Parent Partnership at The North West London Hospitals NHS Trust
- Refugee Communities Service
- Registrar of Birth, Deaths & Marriages Harrow
- Somali Self Help and Welfare Association
- UK Asian Women's Conference
- Women's Health Network

Appendix 4: Diary of main events

Date	Audience/Event
30 July	Briefing for Brent Birth Centre and all maternity staff.
1 August	Joint Staff Committee (verbal briefing by divisional general manager Karen Taylor)
8 August	Briefing for Brent Birth Centre staff
14 August	NWLH Chief Executive Fiona Wise attended Harrow OSC Standing Sub-committee on NHS Finances. Brent Birth Centre discussed.
15 August	NWLH Board meeting held in public
15 August	Media briefing with local press
5 September	Verbal briefing given to Joint Staff Committee by Fiona Wise.
10 September	Attendance at Brent PCT patient forum meeting.
18 September	Attendance and agenda item at NWLH Patient Forum meeting
20 September	Brent PCT Board meeting.
26 September	NWLH Trust Board meeting
3 October	Brent OSC meeting
7 November	Joint Staff Committee
21 November	Briefing at PPIPICO meeting
21 November	Staff meeting at Central Middlesex Hospital
21 November	Public meeting: Wembley Centre for Health and Care
28 November	Public meeting: Central Middlesex Hospital.
29 November	MSLC meeting
29 November	Harrow Cluster meetings
18 December	NWLH Patient Forum meeting
12 February 08	Brent BME Forum

Appendix five: Summary of feedback form responses

Type of person	Q1	Q2	Q3	Q4	Q5
User of the service	No	Option 1	Home from home Same facilities as BBC Double beds Ensuite bathroom	Layout great Atmosphere of relaxation Availability of gas and air should be improved Great that husband could stay the night	Angry that BBC could close Leaves Brent women with no maternity service Works at Edgware birth Centre – why not BBC?
Cllr	Full maternity services at CMH should be offered	Option 1	Home from home	Full maternity services should be provided at CMH Worried about quality of services at NPH	Not satisfied that women will receive better care and attention at NPH Will NPH cope with influx? Not enough publicity Only three years old – give it time
Other	No	Option1	Environment Good relationship with midwife Knowing midwife already Water births Allowing partners to stay the night		Why not promote existing service better? More reassurance needed about how transfers are handled
User of the service		Option 1, but	Environment	Patient-led care	Don't lose it

		broaden to Ealing	Water births Partners stay the night Parking ease and cost Overall ease and cost	Partner staying the night Water birth option Patient kitchen Overall excellent level of service and lovely staff	Expand to a wider area and see if it is viable Experience means wonderful start to relationship with child Exemplary service and facility
Member of the public		Option 1	Home from home Northwick park is too far Transport links Northwick centre would need to replicate BBC	Midwives work well together Number of midwives should be increased	Please keep the BBC at Central Middlesex
Member of the public	No	Option 4	Parking Better transport links	Home from home environment Having midwife with you all the time	
Member of the public	Birth pool	Stronger pain relief	Home from home	Gas and Air	
Member of the public	Option 1 with awareness raising	Option 1 - with awareness raising	Transport links for Brent mothers		No of births appears to be steadily increasing – do not close!
User of the service		Option 3	Home from home Midwife led services Water births	BBC works well	Antenatal should continue at BBC – service is excellent Antenatal care at NPH Antenatal

					facilities at NPH are filthy
Member of the public	Full maternity services at CMH should be offered	Option 2 – antenatal care at CMH is a disgrace, if it improved then Option 3	Relaxed environment Signage Waiting areas and facilities for relatives	BBC atmosphere great BBC signage not great Reception staff need to be better informed BBC antenatal care needs improving Post-natal excellent	
Member of the public		Option 4	Antenatal information important Provision for siblings		
User of the service	Medical maternity unit must be on same site as birth centre	Option 3	NPH needs to copy BBC model CMH badly signposted and unwelcoming Antenatal should be at BBC	More staff required at BBC including admin staff Admin failures at BBC Atmosphere great	Excellent service at NPH Provision of midwifery-led services would make it outstanding
Member of the public	More publicity needed before closing it	Option 1	NPH dismal and would choose to have baby there NPH parking difficult and expensive NPH poor	New unit at NPH should have own access from the street, cab rank and free parking Home from home feeling works well	Used Edgware Birth Centre and so did friends Many did not know of BBC Post natal ward at NPH will suffer if option

			reputation NPH distance from Brent		4 is selected
NHS staff	No	Option 4	NPH's image needs to be improved Awareness of transport links from Brent to NPH		
User of the service		Option 4	Recreate BBC Ensure staff do not lose their jobs Ensure waiting times don't increase	BBC environment works well	
User of the service		Option 4	Home from home Transport links Parking Waiting areas for relatives Play area for siblings	Nice welcoming environment	
NHS Staff		Option 3	Is there room at CMH to host antenatal care?		Is there room at NPH to host a birth centre? Keep BBC as antenatal clinic Target young populations in NW London
NHS staff		Option 3	Please ensure no gaps between closing and opening services	Large beds no good for midwives Birthing stools, balls, beanbags,	Don't use new centre at NPH as additional post-natal beds Paint each room different

			<p>Birth pool and shower in every room</p> <p>Pools must have fast drain and fast filling</p>	<p>aromatherapy, massage, rope from ceiling</p>	<p>colours</p> <p>Ensure photowall</p> <p>Proper heating in each room</p> <p>Adjustable air-con</p>
Community representative	No	Option 4	<p>Antenatal services should be provided at NPH not CMH</p> <p>Waiting areas for relatives</p>	<p>Good attendance, care and treatment</p>	<p>Service and care is not good at BBC, NPH is much better</p>
User of the service		Option 3 or 4	<p>NPH reputation needs to improve</p> <p>Comfortable facilities for mothers and families</p> <p>Midwives not be all and end all</p>	<p>Excellent medical care</p>	
User of the service	Free parking at St Mary's		<p>Parking facilities</p> <p>Polite and helpful staff</p>	<p>Good environment at BBC</p> <p>NPH not a good service</p>	<p>Northwick Park cleanliness needs improving</p>
Other	Extend the birth centre to add extra facilities or add extra services to BECAD				
Other	No		<p>Parking facilities important</p> <p>Cost is high at</p>		

			NPH		
User of the service				Birth centre natural and comfortable Pre-natal process not managed properly	Management needs fixing Front line and employees excellent
Member of the public		Birth Centre should remain open Option 1 preferred but Option 4 better than 2 or3	Keen to use birth centre to have a normal birth Rising London birth rate – no sense to close it Centre is new and popularity will grow More publicity required particularly in Harrow Goes against “choice” concept	Antenatal care should be in the same place as birth centre Birth pool facilities Homely interior Partner staying overnight En-suite bathroom Transport options from Brent	How will the final decision be made – on what basis? Wants to know if views will be taken into account
Member of the public	Option 1			Northwick Park’s reputation needs to be overcome	More publicity required Staff at BBC amazing

Appendix six: Copies of formal responses from organisations

1. Brent PCT PPI Forum response to the public consultation on the future of the Brent Birth Centre – February 2008

Do you have any options which you feel we should consider?

Ideally, Brent PCT Forum members would prefer the option of keeping Brent Birth Centre open with the addition of extended obstetric services to make the Centre responsive to need and viable for the future. The Forum seeks assurance that full consideration has been given as to how Brent Birth Centre can be run cost effectively and provide a valuable resource to a greater number of local women. Feedback from previous users of the Birth Centre suggests that improvements can be made to staff-patient communication and better support patients – see point 4 below.

If you had to choose a preferred option from this list, what would it be, and why?

It has been made clear to the Forum that the current services at Brent Birth Centre are not viable. Considering the practicality of the current position Brent PCT PPI Forum members would support Option 4, with in-patient maternity care transferred from Brent Birth Centre to Northwick Park Hospital's maternity unit, where a dedicated midwifery-led unit would be created.

We feel that it is important for Brent residents that ante-natal services are provided at Central Middlesex Hospital, but not so important that services are provided within Brent Birth Centre. We understand that the financial impact of letting out the Birth Centre building will be significantly different if the building available to let empty. The Forum recommends that future options for the building take full account of rising birth rates and consequent future demand for maternity services in Brent.

If we were to go ahead with option four what do you think would be the important issues for us to take into account?

(i) High risk pregnancies - We understand that up to 50% pregnancies in Brent are assessed as 'high risk'. With a higher than average number of high-risk births in Brent, the Forum supports initiatives to promote better take up of ante-natal care to identify risks at an early stage, particularly in Brent's black and minority ethnic communities. Outreach and engagement with particular communities at risk would be beneficial. Ante-natal services at CMH must be adequately staffed and trained to respond to the needs of high risk pregnancies.

(ii) Information and publicity - Brent PCT and NWLH Trust should clarify what ante-natal services will be provided at Central Middlesex Hospital and where these will be located, as well as setting out the alternatives. Information and sign-posting should be clearly displayed. Better information on interpreting services should be made available to staff and patients.

(iii) *Patients' choice* - The Forum was informed that a survey is being carried out as to why women and their partners did not choose Brent Birth Centre as an option. At a recent forum meeting, the Forum queried the degree to which the high-profile 'special measures' at Northwick Park Hospital had influenced people's decision making. We were reassured by NWLHT that services at NPH have been turned round and that maternity services are now well used. The Forum accepts that patients in general are becoming more 'risk averse' and that, consequently, many women prefer to have emergency obstetrics available on same site when they choose to give birth in a birth centre.

(iv) *Equalities Impact* – the Forum notes the information on the number of births at Brent Birth centre by registered postcode in 2006/07 and the ethnicity figures for Brent from the 2001 Census. It would be helpful to have the number of births at Brent Birth Centre by ethnic group, so that the potential impact of proposals on different groups in the community can be assessed. The Forum has concerns about the impact on underprivileged and low paid women in South Brent. A survey of public transport routes to different maternity services for Brent residents would be helpful.

(v) *Standards of care* - Brent PCT PPI Forum support patient choice and would like to hear more about patient feedback on the range of maternity options available to women in Brent, including the Birth Centre. We are pleased to hear that maternity services at Northwick Park Hospital have improved and that public confidence in the service has returned. We would like to hear more about women's experiences at Brent Birth Centre and ways in which the service can be improved and take-up increased.

If you are a current or previous user of the Brent Birth Centre what do you think works well and what do you think we could improve on?

Feedback from patients - Forum members heard from some women about their experiences at Brent Birth Centre, including complaints about poor attention from staff, especially during the night. Good communication between staff and patients is essential. The Forum seeks reassurance that Brent PCT and NWLH Trust have learned from patient experiences at Brent Birth centre so as to improve patient satisfaction and increase take up of the service. Women's positive or negative experiences of Brent Birth Centre obviously affects whether they would go there again or recommend it to other expectant women.

Other comments

London-wide strategy - the PPI Forum understands that Barnet's Birth Centre at Edgware Community Hospital has also seen a decline in demand whilst St Mary's Paddington is planning to open a birth centre (which may be a future option for Brent women). The Forum seeks assurance that this is not a 'piecemeal' approach to the re-organisation of local health services and that future options for Brent Birth Centre are in keeping with local and London-wide strategy and demand for services.

**Mansukh Raichura, Forum Chair, on behalf of Brent PCT PPI Forum
February 2008**

2. Brent and Harrow Supervisors of Midwives

29/01/2008

Response from the Brent and Harrow Supervisors of Midwives to the communications department of NWLH with respect to the document *Brent Birth Centre – A Public Consultation*

This letter addresses 3 areas of concern with respect to the information regarding possible changes in provision of care at the Brent Birth Centre;

1. We have concerns about the presentation and context of some of the facts in the document for public consultation.
2. We feel the changes proposed will restrict the choice of women in Brent and Harrow on where to have their baby. This is contrary to most Government initiatives in the last 15 years.
3. We feel that closing the birth centre will potentially undermine midwives professional culture and practice and thus inhibit the promotion of normality.

1. Concerns over the facts presented in the consultation document

The document: *Brent Birth Centre – A Public Consultation*- we feel is in some aspects misleading

1.1 The introduction states that the opening of the Brent Birth Centre in 2004 followed a public consultation in 1999 which resulted in the closure of the maternity unit at CMH. The document - *Brent Birth Centre – A Public Consultation* does not present the full outcome of the 1999 consultation which sets out plans for Midwifery led units and Antenatal services on both the Central Middlesex and Northwick Park sites. The Document suggests that the Midwifery Led Unit on the Northwick Park site is a new innovation whereas it is something that had been planned for many years.

1.2 The document states that despite Trust's active promotion of the BBC delivery numbers at the Birth Centre remain low. However we feel the level and effectiveness of this promotion is doubtful as many women remain unaware of the service provision at the BBC. This is perhaps due to the population of Brent having a high of number of women who are new to this country and are yet not fully informed of the wide range of services available.

There is evidence to demonstrate across the country that women who use Birth Centres are more likely to be white middle class women who have the socio – economic benefits to enable them to seek out the best care for themselves (Stewart 2005). As the document itself states seventeen out of the twenty one wards in Brent are in the most deprived half of all wards in England thus it is a population which will need innovative promotion and a dedicated Midwifery Led Unit.

1.3. The assumption that all 1500 women who are low risk wish to attend the birth centre (page 5) is questionable as it is well known that many women despite being low risk still wish to birth their babies in a bigger unit for many reasons.

The 2 other free standing midwifery led units in London The Edgware Birth Centre and the Birth Centre in Tooting have 364 and 200 births respectively (Birthchoice UK 2007) Both these birth centres have been established longer than the BBC therefore we feel the numbers of births at the BBC are comparable.

1.4. More than 44 women from Brent and Harrow gave birth at Edgware birth centre demonstrating the geographical anomalies of the boundaries. This suggests as women travel to Edgware because it is closer to their homes the BBC could also attract women from other boroughs such as Ealing, Hammersmith and Fulham if it were to be promoted in these areas.

1.5. The report stated that 1 in 4 women are transferred to NPH for care by obstetricians, however women who book for delivery at the birth centre and are transferred are prepared for this eventuality. Appropriate transfer is not necessarily perceived by women and midwives as a negative outcome.

1.6. The report fails to point out evidence which demonstrates that if women give birth in midwifery led unit or at home were more likely to have a normal birth. (Please see appendix 1)

1.7. The options proposed are confusing especially with respect to the original consultation in 1999 – option 2 suggests that there should not be a Midwifery led unit at NPH or at Central Middlesex – this is counter to most Government initiatives and to the original plans in 1999.

1.8. Option 3 states that moving delivery services to Northwick Park Hospital will reduce pressure on Northwick. This is misleading as pressure is rising at Northwick Park due to the already rising birth rate and the lack of a dedicated Midwifery Led Unit.

2. Choice for women

The closure of the Brent Birth Centre to women in labour restricts the choice of women in Brent and Harrow.

2.1. Moving the Brent Birth Centre takes away a community centre for women and reduces their ability to access known health professionals known personally to them and impair their long term family health. The journey from some parts of Brent to Northwick Park are difficult with young children for pregnant mothers, although the distance to travel to NPH is 6-7 miles often the journey can take an hour or more by public transport and by car.

2.2. The DOH in their document Maternity matters (2007) demonstrates that choice of place to birth their babies is an on-going concern to women but moving the birth centre we will be reducing their choice.

Please see Appendix 2

2.3. The option put forward in the document to close the Birth Centre will decrease the number of units open to women - this seems incongruous in a time of increasing birth rate nation wide but particularly in London.

3. Professional development of midwives

3.1. A standing alone birth centre most closely mirrors a home birth setting in terms of the decisions that midwives have to make regarding risk and transfer. Moving the Brent Birth Centre to Northwick Park this skill, expertise and midwives will possibly be lost in a setting more dominated by an obstetric culture.

Midwives practising in a stand alone Birth Centre together with community midwives have the culture and practice most aligned to a home birth. Maternity Matters (DoH2007) promises that all women should have the choice to deliver at home.

A framework for Action (Health care for London 2007) states”

“that home birth should be positively promoted as a real option and there should be adequate numbers of appropriately trained and confident midwives to support this “

Please see Appendix 3

3.2. In Maternity Matters one of the specific drivers for change is quoted as *“There is a need to empower midwives to promote normal birth”* the closure of the Birth Centre will reduce the opportunities that midwives have work in a midwifery autonomous environment

3.4. The Brent community midwifery service has had a significant period of instability. This situation has been created by the increased workload due to the rising birth rate coupled with staffing shortages and difficulties in recruitment. All these factors has resulted in a level of de-skilling surrounding care in labour and therefore undermining midwives confidence in promotion of birth in the birth centre.

However maternity services are undergoing major changes in the model of midwifery care provided. The planned addition of 20 community midwives and the establishment of integrated midwifery teams would support and promote the Brent Birth Centre – it would be sad and disappointing for the midwives and women in Brent if they do not have a local birth centre to access.

Conclusion

The supervisors of midwives at NWLH in response to this document propose that

- The Birth Centre should be effectively promoted in the local community and neighbouring boroughs. Promotion should ensure that vulnerable groups are targeted.
- The implementation of integrated teams in the Brent area to promote choice of birth location and continuity of care which will then be a part of the development of midwives and therefore increase the opportunity for normal birth and the number the deliveries at the BBC and improve the equity of service across Brent and Harrow .
- The birth centre should remain in its present state and location especially with regard to the rapidly rising birth rate in London.

Yours Sincerely

Supervisors of Midwives
Brent and Harrow

APPENDIX 1

The National Institute for Health and Clinical Excellence (NICE) review of the clinical evidence for different birth locations found that women who had a planned birth at home or in a midwifery unit were more likely to have a spontaneous vaginal birth, had a reduced likelihood of caesarean section, and were more likely to have an intact perineum, compared with those who had a planned birth in an obstetric unit.

(Frame work for Action 2007)

The Royal College of midwives position statement on normal birth

Birth centres embrace a social model of maternity care that empower women to make their own birth decisions and promote the alternative wellness model of pregnancy and birth and are guided by the principles of prevention, sensitivity, safety appropriate medical intervention and cost effectiveness. Research has identified that birth centres have benefits for women and midwives including, shorter labours, higher spontaneous birth rates, fewer interventions, lesser use of pharmacological pain relief, increased consumer satisfaction, appropriate use of midwifery skills and job satisfaction. (Saunders et.al, 2000, Rooks et. al, 1989, Spitzer, 1995).

APPENDIX 2

Maternity Matters states that By the end of 2009:

all women will have choice in where and how they have their baby

page 9 in Maternity matters it was found that although

A survey of women found that 80% were pleased with the care they received when they had their baby but would have preferred more choice about the type of care and about where to have their baby..

And it suggests that women should be given these options Birth supported by a midwife in a local midwifery facility such as a designated local midwifery unit or birth centre. The unit might be based in the community, or in a hospital; patterns of care vary across the country to reflect different local needs. These units promote a philosophy of normal and natural labour and childbirth. Women will be able to choose any other available midwifery unit in England Women should be offered a genuine and informed choice of home birth, birth in a midwifery unit or birth in an obstetric unit. There should be a significant increase in the number of midwifery units.
(Maternity Matters DOH 2007)

APPENDIX 3

“Around two per cent of births in London take place at home, a percentage inflated by the home birth rate out of King’s College Hospital which was nearly seven per cent in 2005/06.

Another 0.5 per cent of births take place in a small number of midwifery units, and the lack of resources and priority given to home births, means that at present the only option for most women is to give birth in an obstetric unit. If women in London are to have a genuine choice over their place of birth then services needs to change”.

“Home birth should be positively promoted as a real option and there should be adequate numbers of appropriately-trained and confident midwives to support this. An expectation of 1,500 home births per sector would mean that six per cent of London’s births would take place at home”

(Frame work for Action 2007)

3. North West London Hospitals Patient Public Involvement (PPI) Forum

Response from the Patient and Public Involvement (PPI) Forum for North West London Hospitals NHS Trust to 'The Future of the Brent Birth Centre – a public consultation' by Brent Teaching Primary Care Trust and North West London Hospitals NHS Trust

1. Do you have any options which you feel we should consider?

The Forum seeks assurance that full consideration has been given as to how Brent Birth Centre can be made to run cost effectively and provide a valuable resource to a greater number of local women. For example, the Forum heard at its September 2007 meeting in public that Brent Birth Centre is not routinely offered as an option to Ealing women, even though the Centre is well-located for them. The Forum notes that, as at January 2008, Brent Birth Centre is closed to new maternity referrals from Ealing PCT for the remainder of 2007/08. Have arrangements with neighbouring boroughs been fully explored so as to maximise take-up at Brent Birth Centre and keep it open?

2. If you had to choose a preferred option from this list, what would it be, and why?

NWLH Trust PPI Forum members support Option 4, namely that inpatient (delivery) maternity care is transferred from Brent Birth Centre to Northwick Park Hospital's maternity unit, where a dedicated midwifery-led unit would be created to run alongside the obstetrician-led unit, which would also provide on site back up to the midwifery-led unit.

The Forum is of the view that antenatal services should be provided at Central Middlesex Hospital, but these services do not need to be provided within Brent Birth Centre. Whilst the PPI Forum upholds the best use of taxpayers' money, the financial savings of £385,000 attributed to Option 4 need to be set against the cost of developing a new midwifery-led unit at Northwick Park Hospital, which did not appear to be set out in the consultation.

With 1 in 4 expectant mothers transferred to NPH following complications following admission to Brent Birth Centre, the Forum sees benefit in transferring the Birth Centre to the Northwick Park Hospital site where obstetric intervention is readily available. With a higher than average number of high-risk births in Brent and Harrow, the Forum supports initiatives to promote the role of antenatal care in identifying risks at an earlier stage.

3. If we were to go ahead with option four what do you think would be the important issues for us to take into account?

(i) In supporting Option 4, the Forum emphasises that NWLH Trust should make it clear what services will be provided at Central Middlesex Hospital, in addition to clearly setting out the alternatives – particularly for women living in South Brent. The implications of providing antenatal services at Central Middlesex Hospital (CMH) but not within the Brent Birth Centre need further clarification. From a patients' point of view, it would be helpful to know which

clinics will require relocation within CMH and how disruption to services can be minimised.

(ii) The Forum welcomes the PCT/NWLH Trust survey as to why new mothers chose to have their baby where they did, so as to gain a clearer understanding of the reasons contributing to the under-usage of the Brent Birth Centre. However, it might have been more useful to conduct this survey before the consultation began.

(iii) The Forum notes the information given in the consultation document on the number of births at Brent Birth centre by registered postcode in 2006/07 and the ethnicity figures for Brent from the 2001 Census. It would be helpful to have the number of births at Brent Birth Centre by ethnic group, so that the potential impact of proposals on different groups in the community can be assessed.

(iv) The Forum notes that St Mary's Paddington delivered 1,345 babies for women living in Brent in 2006/07 and that a Birth Centre is planned for that site. What impact might the closure of Brent's Birth Centre have on demand at this new Centre? What arrangement with Imperial College Healthcare NHS Trust might be put in place to offer Brent women the choice of having their baby at this new Birth Centre? The Forum is pleased to hear that discussions with Barnet PCT are planned regarding future capacity at Edgware Birth Centre for women living in Brent or Harrow.

(v) If a midwife-led Birth Centre is developed at Northwick Park Hospital, we understand that an estimated 1,200-1,500 births a year could be delivered (at 'standard' 85% occupancy rate). Given that Brent Birth Centre delivers an average of 300 births a year, how will the Trust ensure that take-up at the new unit will increase four or five fold to meet occupancy targets? Whilst women in Brent may choose to go elsewhere, other women outside Brent and Harrow might choose to go to a Birth Centre at Northwick Park Hospital if the option is open to them. The Trust needs to ensure that information on all options is widely publicised through GPs, Matrix 'patient choice' systems.

(vi) The closure of Brent Birth Centre will reduce options open to expectant women in Brent and surrounding boroughs. The PPI Forum supports patient choice and recommends that any alternative provision strives to achieve positive clinical outcomes, parental satisfaction and the facilitation of active and normal births associated with birth centres such as Brent's.

(vii) Parking remains a problem generally at NPH and we would like to know how the Trust envisages dealing with the extra demand that transferring the midwifery-led unit would generate.

(viii) We would want to see the same level of facilities in the NPH midwifery-led unit as currently exists in CMH as we understand they were very good.

4. If you are a current or previous user of the Brent Birth Centre what do you think works well and what do you think we could improve on?

N/A.

5. Other comments

The Forum seeks assurance that NWLH Trust has liaised with neighbouring providers e.g. Barnet PCT, Ealing PCT, Chelsea and Westminster Hospital NHS Foundation Trust etc as well as NHS London, to ensure that proposed changes in maternity provision are in keeping with London wide strategy and demand for services.

PPI Forum for North West London Hospital Trust
January 2008

4. National Childbirth Trust

The NCT's response to the public consultation on the future of Brent Birth Centre

Background

The NCT (National Childbirth Trust) is a membership organisation, with a strong membership in North West London. We provide support to, and campaign on behalf of parents and parents to be, whatever their background or economic situation. We want all parents to have an experience of pregnancy, birth and the transition to parenthood that enriches their lives and gives them confidence in being a parent. The NCT campaigns for flexible, individualised, maternity services, which promote normality in childbirth and allow parents to make informed choices regarding their own Birth experience.

A modern maternity service should provide:

- Continuous quality care
- Early access to antenatal care
- Choice
- Continuity of carer and caseload midwifery
- One-to-one support in labour
- Midwife-led care and community services
- A clean, spacious, private, comfortable birth environment, which allows for active labour
- Support for all women in babyfeeding
- Postnatal care, which meets parents' needs for emotional and practical support as well as physical care for the mother and baby
- Managed care networks within which cooperating units and teams offer range of levels of service provision

In addition a modern maternity service should

- Promote normality
- Promote breastfeeding
- Involve service users in the planning of any proposed changes

The benefits of stand-alone midwife-led birth centres

The NCT believe all women should have access to a midwife-led maternity unit if this is the environment in which they choose to give birth. There are two types of midwife-led maternity units; freestanding, community based midwife-led units, often called birth centres and midwife-led units, which stand alongside, but are separate from obstetrics units in a hospital. Both types of midwife-led maternity units are associated with higher maternal satisfaction, more straightforward labour and birth, without the need for drugs and more support for breastfeeding. They are also necessary to provide women with choice regarding their experience of childbirth.

The government backs the development of midwife-led units and birth centres in England. A number of policy statements have been made which support choice in maternity services and in particular the development of midwife-led units:

“It is for local service developers to design services to meet the needs of their local population, taking fully into account their views”.¹ The National Service Framework for Children, Young People and Maternity Services maternity standard specifies that “local options for midwife-led care will include midwife-led units in the community”.²

The location of birth centres is highly important. They should be close to the communities that want to use them, and/or communities who lack suitable local services and have particular needs. Community-based birth centres that are separate from a hospital with an obstetric unit seem to be more ‘home-like’ in important ways than alongside units. The NCT’s Better Birth Environment Survey carried out in 2003 found that women who had used a freestanding birth centre consistently reported having a greater sense of freedom, privacy and autonomy than those who had used either a hospital obstetric unit or an alongside birth centre. For example, they were more likely to say they had been able to walk around and had had a pleasant place to walk. They were more likely to be able to stay in the same room throughout their time at the unit. There were better facilities for them and their partner. They were more likely to feel they could control who came into the room and the light and temperature. Facilities that help women to have the kind of birth they want, including space to move around, access to an en suite toilet and a birth pool, were more commonly available. (See table below)

Women’s access to facilities during their last labour (NCT Better Birth Environment Survey 2003)

	% home birth (n = 229)	% free-standing midwife-led (n = 46)	% unit alongside hospital (n = 431)	% hospital unit (n = 1157)	% all women (1944)
Clean room *	96	98	89	88	89
Able to walk around *	98	87	75	61	69
Able to stay in same room *	96	91	78	73	76
Comfortable chair for partner *	87	67	62	57	61
Easy access to a toilet *	86	84	64	63	66
Control who came into room *	92	56	41	29	40
Bean bags, pillows and mats *	89	72	45	31	42
Unable to hear other	92	56	54	53	58

women *					
Control brightness of light *	96	66	50	41	50
Easy access snacks / drinks *	95	68	40	30	41
Room that looked homely *	96	78	40	22	37
Able to control temperature *	94	44	28	25	35
Easy access to a bath *	94	73	66	50	60
Sure others could not hear *	60	43	38	34	39
Pleasant place to walk *	93	60	32	21	34
Easy access to a shower *	89	69	56	46	54
Easy access to a birth pool *	48	76	56	39	46
Able to move furniture to suit *	95	51	42	28	40
Nicely decorated room *	97	89	59	51	59
Comfortable bed *	87	84	73	62	68
Resuscitation equip visible *	20	41	66	75	66

Note: The proportions represent women who said they had the facilities listed. Differences marked * are statistically significant using the Chi-square test ($p < 0.05$). Factors are listed in order of importance to women.

Birth Centres aim to address the social and emotional needs of families, rather than narrow clinical or medical issues. The woman's needs are actively considered, along with those of the baby, the baby's father or another partner, and of other family members including older children. The whole family is involved and their care and support needs are considered, together with ways of developing their resourcefulness, confidence and autonomy for example, women are given support to feel confidence in themselves and many birth using their own resources and minimal pharmacological pain-relief; mothers and fathers are encouraged to have skin-to-skin contact with their baby which is enjoyable, helps parents tune in to their baby's needs and encourages breastfeeding.

The available evidence shows that women who book to give birth in a stand-alone unit have a reduced rate of interventions, including caesarean section, and higher rates of normal birth, with less perineal trauma, and more maternal satisfaction. Their babies also have lower rates of admission to neonatal units.³

Women booking to give birth in alongside units also have reduced rates of both pharmacological pain relief and augmentation of labour. Women are more likely to be mobile during labour than in an obstetric unit and are less likely to have operative deliveries. Women assigned to care in an alongside unit are less likely to report dissatisfaction with care.⁴

Quality of the case for change

The NCT is of the view that no maternity unit which meets a legitimate need in the community and provides an excellent parent-focused, family friendly environment and consistently achieves positive outcomes for parents and babies should be disrupted or targeted for closure. We believe that maternity units which are performing to an excellent standard should be supported and promoted to allow them to continue their work.

Before a decision is taken regarding the future of Brent Birth Centre, we believe that it is important that the following information should be collected and included in any consultation documents:

- the normal birth rates for parents who plan to give birth at Brent Birth Centre and a comparison with the normal birth rates for parents who plan to give birth at Northwick Park Hospital
- the intervention rates for parents who plan to give birth at Brent Birth Centre and a comparison with the intervention rates parents who plan to give birth at Northwick Park Hospital
- the breastfeeding rates for parents who plan to give birth at Brent Birth Centre and a comparison with the breastfeeding rates for parents who plan to give birth at Northwick Park Hospital
- the number of parents who plan to give birth at Brent Birth Centre who received one-to-one care through labour and a comparison with the number of parents who received one to one care through labour and planned to give birth at Northwick Park Hospital
- The cost per birth for births which were planned to take place at Brent Birth Centre and a comparison with the costs per birth which were planned to take place at Northwick Park Hospital

The main arguments in favour of the closure of the Brent Birth Centre put forward in the consultation document are as follows:

- “By moving service to Northwick Park Hospital, women would have on-site access to obstetric care 24 hours a day, seven days a week. One in every four women who are expected to have a straightforward delivery at the Brent Birth Centre are transferred to Northwick Par Hospital in labour as they need care by obstetricians.”

Before a decision is taken regarding the future of Brent Birth Centre, information regarding current transfer times from Brent Birth Centre to the nearest obstetric unit should be presented together with any evidence that the service currently provided at Brent Birth Centre is unsafe as a result of women’s lack of access to obstetric care where it is necessary.

- Despite actively promoting the Brent Birth Centre, midwives deliver in the region of just 300 babies a year... We believe that by moving the midwifery-led service to a specially designed unit at Northwick Park demand will increase.”

It should be noted that the figures presented on page 6 of the consultation document show that the number of births taking place at Brent Birth Centre has increased year on year since the facility opened, which suggests that the efforts to increase the number of families choosing to give birth there are having some success. Where midwife-led units are new facilities in the community, which replace consultant led services, it can often take time for midwife-led services to gain the confidence of the local community and achieve a stable annual number of births.

Before a decision is taken regarding the future of Brent Birth Centre a targeted, anonymous, questionnaire survey should be carried out over a reasonable period of time in order to understand mothers' attitudes and ascertain the reasons why fewer families than expected are choosing to use Brent Birth Centre. Once the reasons for the low level of usage have been identified, a targeted programme to address these reasons should be implemented over a reasonable period of time and the effect of this programme should be monitored.

- "Choice for women... Antenatal care would continue to be provided at Central Middlesex Hospital which ensures local access for women in the south of Brent."

The consultation document states that "there are no direct public transport links to Northwick Park Hospital from the south of Brent (such as Kensal Green, Stonebridge, Harlseden, Alperton, Wembley Central, Tokyngton and parts of Sudbury)." The choice guarantees contained in the government White Paper "Maternity Matters" will come in to force in 2009. "Maternity Matters" guarantees every woman a choice of place of birth including access to a midwife-led maternity unit. Before a decision is taken regarding the future of Brent Birth Centre, clear proposals should be laid out detailing where and how maternity services need to be provided in order to ensure that families across the whole of Brent, including those who are reliant on public transport, have access to a midwife-led maternity unit if this is where they choose to give birth.

- "London is facing an increased number of births. It is important that we are able to support these changes and use our resources efficiently so that we can provide enough midwives and obstetricians to care for future mothers and babies."

The choice guarantees contained in the government White Paper "Maternity Matters" will come in to force in 2009. "Maternity Matters" guarantees every woman a choice of place of birth including access to a midwife-led maternity unit. The NCT recognises that in order for this choice guarantee to be implemented, in some areas of the country the creation of more midwife-led maternity units will be required. In some cases it may be appropriate for an alongside midwife-led maternity unit and a standalone birth centre to serve the same community in order to properly meet the needs of a local community, particularly where the birth rate of a community is rising.

- "The Brent Birth Centre currently costs the local NHS £1.2m a year to run but because of a lack of demand for the service the Trust is running the service at a loss of £300,000 a year."

Costs of maternity services vary widely, and there is little standardisation. There is a perception that because midwife-led units are small they must have high unit costs. There is no evidence for this. Given the reduction in interventions and complications, and the absence of medical staff, the costs saved can in fact be significant. Part of the evaluation of Edgware Birth Centre⁵ was on its economic implications, and the evaluation team achieved the most thorough costing of maternity care undertaken to date. The overall finding was that the mean cost to the health service of a woman delivering at Edgware Birth Centre was £392.30, compared to £608.90 and £635.81 respectively at the two local acute units (Barnet and Northwick Park).

Before a decision is taken regarding the future of Brent Birth Centre, the average cost per birth for births which were planned to take place there should be published and compared with the average cost per birth for births which were planned to take place at Northwick Park Hospital.

In addition any options which would increase the productivity and therefore cost-effectiveness of the Brent Birth Centre should be considered, such as the postnatal transfer of women to the birth centre for rest and recovery.

Quality of future service provision

Any new midwife-led maternity unit should provide an environment which is comfortable, light, clean, family-friendly, promotes active labour and normal birth and allows women to feel in control of their Birth environment in so far as possible.

The Maternity Care Working Party's Normal Birth Consensus Statement, which is endorsed by members of the MCWP including the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists recommends that women have access to antenatal preparation course, birth pools, relaxation, massage and aromotherapy and are able to use active positions in labour in order to facilitate normal birth. In addition access to Birth balls, and other physical aids such as ropes, hammocks, bean bags, pillows and mats can facilitate active labour and reduce the need for interventions.

The NICE intrapartum care guideline recognises the benefits of access to a birth pool and states; *"Labouring in water reduces pain and the use of regional analgesia. There is evidence of no significant differences regarding adverse outcomes when comparing labours with or without the use of water"*.

Women should have private and comfortable accommodation to labour and give birth. They should have easy access to a toilet and bathing facilities and food and water if they would like it.

Accommodation should be provided which allows families to spend their first night together with their new baby and where possible double beds should be available for couples. This facilitates bonding, skin to skin contact and mutual support for parents making the transition to parenthood.

Support for the initiation of breastfeeding should be provided.

References

1. *Government Response to the Health Select Committee's Fourth, Eighth, and Ninth Reports of Session 2002-03 on the Provision of Maternity Services,*

- Inequalities in Access to Maternity Services and Choice in Maternity Services*. London: The Stationery Office; 2004.
2. Department of Health. *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health; Department for Education and Skills; 2004.
 3. Walsh D. NCT Evidence based briefing: maternity care in birth centres - part 1. *New Digest* 2005;(29):18-21
 4. *"Realising the potential" A strategic framework for nursing, midwifery and health visiting in Wales into the 21st century. Briefing paper 4. "Delivering the future in Wales" A framework for realising the potential of midwives in Wales*. Cardiff: Welsh Assembly Government; 2002.
 5. Saunders D, Boulton M, Chapple J et al. *Evaluation of the Edgware Birth Centre*. Edgware: Barnet Health Authority; 2000.

5. Ealing Primary Care Trust

Ealing 
Primary Care Trust

1 Armstrong Way
Southall
Middlesex
UB2 4SA
Directorate of Strategy
Tel: 020 8893 0185
Fax: 020 8893 0304
DX121561 SOUTHALL 4
www.ealingpct.nhs.uk

4th February 2008.

To whom it may concern

Re: Brent Birth Centre Public consultation

I am writing to confirm that Ealing Primary Care Trust formally considered the Brent Birth Centre Consultation proposals at the Trust Board meeting held on Thursday 17th January 2008.

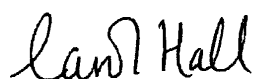
The outcome was that Ealing Primary Care Trust supports the position taken by both Brent PCT and NWLH Trust in preferring option 4:

Transfer inpatient (delivery) maternity care to NPH's maternity unit. Create a dedicated midwifery-led unit within NPH's recently refurbished maternity unit Provide antenatal services at Central Middlesex Hospital, but not within the Brent Birth Centre

The Board was also keen to emphasize that in recent times whilst NWLH has been on 'Special Measures', access to maternity services for our registered population has been severely restricted; at one stage only low risk women were being accepted into the service and then in Autumn 07 even that limited access ceased.

In supporting option 4 of the consultation the explicit expectation of Ealing Primary Care Trust Board is that this remodeling will result in reinstated access to the Birth Centre and increased hospital based capacity at NWLH for the registered population of Ealing. This will help us to provide greater choice for Ealing women booking for maternity care, irrespective of their risk profile.

Yours sincerely,



Carol Hall
Assistant Director of Commissioning

6. Maternity Services Liaison Committee

Mark Easton
Chief Executive
Brent Teaching Primary Care Trust
Wembley Centre for Health & Care
Chaplin Road
Wembley, HA0 4UZ

20th February 2008

Dear Mark

Re: Response to the Brent Birth Centre Consultation

I am writing on behalf of the Maternity Services Liaison Committee in response to the above consultation following our review of the options and discussions with local stakeholders. Please accept my apologies for the delay in the response.

I can confirm support for option four – to transfer inpatient (delivery) maternity care to a new dedicated midwifery led unit within Northwick Park Hospital's maternity unit, keeping antenatal services at Central Middlesex Hospital but not in the Brent Birth Centre.

The MSLC considers the development of an integrated community midwifery service and increased access to midwifery led births (including home births) as an essential part of the service development.

The MSLC also seeks a commitment from the unit to achieve Unicef Baby Friendly breast feeding status and to ensure they will be able to prioritise access to local services for the women of Brent and Harrow, taking into account the potential increase in demand.

The MSLC also seeks further assurances that the standard of the environment in outreach clinics at Central Middlesex for ante and post natal care will be good and would welcome potential links to children's centres sites in Brent and Harrow.

The committee wishes to congratulate the unit on recent service improvements which are reflected in the maternity services review and especially to acknowledge the work of Trixie McAree and colleagues in developing the pathway for vulnerable women.

The committee is committed to supporting the development of the maternity unit and wishes to work closely to develop more robust communications and information sharing systems.

I will await your response, with kind regards,

Yours sincerely,

Angie Woods
Acting Chair Brent and Harrow Maternity Services Liaison Committee
Commissioner for Women, Children and CAMH Services Harrow Primary
Care Trust

Cc. MSLC members