

MINUTES OF THE HEALTH SELECT COMMITTEE (SPECIAL)
Wednesday, 3rd October 2007 at 7.00 pm

PRESENT: Councillor Leaman (Chair) and Councillors Baker, Crane, Detre, Jackson and Moloney.

Apologies for absence were received from Councillor R Moher.

Also present was Councillor Butt.

1. Declaration of Personal and Prejudicial Interests

There were none.

2. Deputations

There were none.

3. Brent Birthing Centre

The Chair explained that the current special meeting had been arranged to give members the opportunity to consider the proposed options for the future of the Brent Birthing Centre at Central Middlesex Hospital, following which the Committee would provide a formal response to the consultation process. He also welcomed Mark Easton, the newly appointed Chief Executive of the Brent Primary Care Trust (Brent tPCT) to his first Health Select Committee meeting.

Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) then provided a presentation outlining the various options for the future of the centre, noting that she welcomed suggestions for any further additions to the consultation document. Members heard that the Brent Birthing Centre had opened in 2004, and had been designed as a midwifery led service for women who were expected to have straightforward deliveries. However, in recent years the service had been operating significantly below capacity, with an occupancy rate of just 16 percent. Moreover, approximately 25 per cent of the women who chose to use the centre were subsequently found to require obstetric care, and thus transferred to Northwick Park Hospital.

Noting that the birth rate in Brent was expected rise by at least 5 per cent over the next 5 years, it was explained that the Trust was seeking to make changes to the delivery of maternity services, and Ms Wise outlined the options under consideration for the future of the Brent Birthing Centre. Whilst all options were subject to consultation, it was

advised that the preferred course of action was for the transfer of all inpatient maternity care to the maternity unit at Northwick Park Hospital, where a new midwifery led unit would be established. Antenatal services would continue to be provided at Central Middlesex, but not within the Brent Birthing Centre. It was stressed that the main advantage of this proposal was that women would still have the choice of a midwifery led birth, but within a context where medical services were easily accessible, if required. This option was also presented as representing a better use of resources than current provision of maternity services within the Trust. Members were informed that following the public consultation period, which would begin in two weeks time, it was anticipated that changes to service provision would take place in April 2008.

One member questioned whether the proposed changes were the result of patient dissatisfaction with the current service provided by the Brent Birthing Centre. This comment was refuted by both the NWLH NHS Trust and tPCT representatives present, who were keen to point out that service user feedback had been very positive. However, despite a significant marketing exercise to promote the centre, it was explained that the vast majority of women elected to have a hospital birth. In addition, it was noted that in recent years there had been a shift in national guidance towards a preference for midwifery led units to be located within obstetrics units rather than stand alone. Members were further reminded that the proposals were not driven by tPCT savings, as the rate for an obstetric delivery would be the same irrespective of the site.

Given that the majority of those using the centre lived in the south of the borough, members expressed concern that any relocation of services to Northwick Park Hospital would result in a service gap in this area. One member of the Committee also felt that that it was important to take account of the fact that the hospital was not well served by transport links to south Brent. In reply, those present were reminded that the majority of women in Brent already chose Northwick Park, with a significant proportion from the south of the borough going to St Mary's Hospital, where a new midwifery led unit was due to open in January 2008. It was further noted that if the preferred option was chosen, women from south Brent would still be able to access antenatal services locally at Central Middlesex Hospital. At the request of the Committee, NWLH NHS Trust representatives agreed to include figures indicating the number of women currently travelling to Northwick Park Hospital for maternity services as an appendix to the consultation document.

Members questioned whether consideration had been given to the retention of inpatient maternity services in south Brent. There followed an exchange of views about the viability of this option, with NWLH NHS Trust representatives, stressing that the number of births at the Brent Birthing Centre fell far short of the 4000 threshold required for the

provision of a full maternity unit at the Central Middlesex Hospital. Furthermore, as the centre only had a capacity of 1,500, it would not be possible to reach this figure even if patient rates increased dramatically. Ms Wise also asserted that the low patient rates would present future problems in terms of the recruitment and retention of quality staff and the commissioning of services from the tPCT.

Dr MC Patel (Medical Director, Brent tPCT) also sought to point out that the demographic profile of the borough had change considerably since the original consultation on the Brent Birthing Centre in 1999, which had in turn affected patient rates. In particular, he cited one reason for the fall in service user figures as being the increase in the immigrant population in the borough, most of whom it was asserted preferred to use medical led services. Citing problems with patient levels at a birthing centre in a neighbouring authority, Mark Easton (Chief Executive, Brent tPCT) added that the situation in Brent was typical of the wider London perspective.

Several members raised concerns that the previous consultation in 1999, prior to the establishment of the Brent Birthing Centre, had failed to adequately take account of the shifting demographics of the borough. Mansukh Raichuria (Chair, Brent tPCT Patient and Public Involvement Forum) also expressed concern about the way in which this consultation had been conducted. Given that this piece of work had taken place several years previously, Ms Wise was not in a position to respond directly to the points raised. She did, however, accept that greater efforts would need to be made for the forthcoming consultation process to ensure that the views of marginalised groups were determined.

One member asked whether it was possible for the Trust to predict likely patient numbers for the future. It was advised that whilst the public consultation document could be amended to show birth rate and demographic predictions, it would not be possible to predict exactly where people would choose to access maternity services in future. It was also clarified that whilst patient rates had fallen from the original figures when the centre had opened in 2004, they had consistently remained low at approximately 300 for the past three years.

The Chair asked a question about the future of the Brent Birthing Centre site if services were to be relocated to Northwick Park, and heard that it had not been deemed appropriate to consider the options available to the Trust until the outcome of the consultation process. Whilst the consultation document included an option for the continuation of services at the birthing centre, members were advised that the Trust did not consider this to be a viable course of action.

The Chair then concluded the meeting by thanking the representatives from the NWLH NHS Trust and tPCT for attending, and noting that the Committee would in due course provide a formal response to the

consultation process. In turn, Ms Wise commented that the Trust would take account of the suggestions raised by members at the current meeting, and amend the draft consultation document accordingly

4. Date of Next Meeting

It was noted that the next meeting of the Health Select Committee would take place on Tuesday, 23rd October 2007.

12. Any Other Urgent Business

There was none.

The meeting ended at 8.20 pm.

C LEAMAN
Chair