

**ITEM: 6**

**MEETING: Trust Board**  
**DATE: 17 May 2006**

**TITLE: Making the Whittington the Hospital of Choice for Maternity Services**

**SUMMARY: This paper represents the first choice strategy developed for a specific service at the Whittington. Using feedback of women who have experienced our service as well as the views of a wide range of stakeholders, an action plan has been developed to ensure that the Whittington becomes the hospital of choice for local people requiring maternity services.**

**Reference is also made to recent research conducted by Birmingham and Black Country Strategic Health Authority into the factors that influence choice. A summary of this is included in Appendix 1**

**ACTION:**

**REPORT FROM: Anne Gibbs, Divisional Manager Women's & Children's Services**

**SPONSORED BY: Tara Donnelly, Director of Operations**



## **Making the Whittington the hospital of choice for maternity services**



## **1. Introduction**

Pregnancy and childbirth is a time when the majority of women play an active role in choosing how and where they would like to access and use health services. This paper outlines the feedback the Trust has received on its maternity services provision and also our plans both for 2006/7 and the longer term. Our aim is to ensure that the Whittington maternity department continues to develop as the provider of choice for women in North Central London.

This is the first Choice Strategy we have produced for a service and would be interested in feedback before we move to producing similar papers for other services.

This paper makes reference to a recent survey conducted by Birmingham and the Black Country Strategic Health Authority (BBC SHA) which explores the factors that influence patient and GP choice of local NHS hospitals and private providers (see Appendix 1. The headlines include:

- Awareness of the Choice Agenda has risen from 27% in 2003 to 37% in 2005.
- The black and ethnic minority population are significantly more likely to know more about Choice than the white population.
- A third of respondents would choose a private hospital for their operation, making private providers the second most popular choice.
- The name of the Trust needs to be one that is recognisable to the local population (for example Birmingham University Trust was unknown compared to the same Trust when named 'Queen Elisabeth').

## **2. About the service**

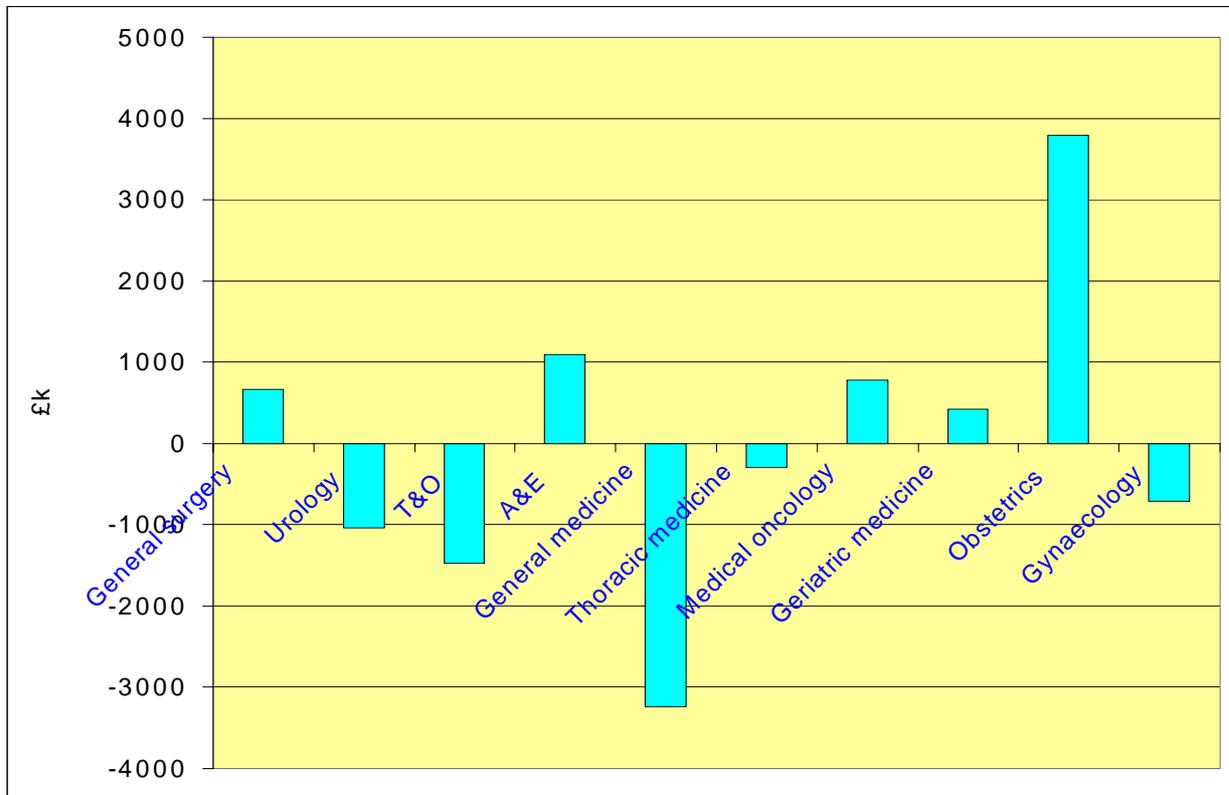
The Whittington Hospital NHS Trust has a very busy maternity unit. In 2004/5 the Trust recorded almost 42,000 contacts with women for appointments, antenatal admissions, home visits and deliveries. Regular classes are also provided throughout pregnancy, as well as specialist classes on subjects such as water birth and breastfeeding. We provide antenatal care, delivery, postnatal care and community midwifery until 10 days after the birth. Our breastfeeding initiation rate is currently 87%.

The maternity service is housed within part of the Trust's oldest buildings. The labour ward has 8 delivery rooms, supported by an HDU Recovery Area and a dedicated theatre. The antenatal and transitional care wards comprise 33 beds and the postnatal ward has 18 beds.

In terms of PbR, maternity care is the Trust's biggest winner as illustrated in Table 1. In a recent exercise for Healthy Start Healthy Futures, analysis of our maternity service indicates a surplus of £900,000 between income and expenditure for our current service. This position is unusual when compared to many other Trusts in London and can be partly explained by the fact that we have a lower ratio of midwives to mothers as compared to other hospitals.

**Table 1 “Winners and losers” under Payment By Results**

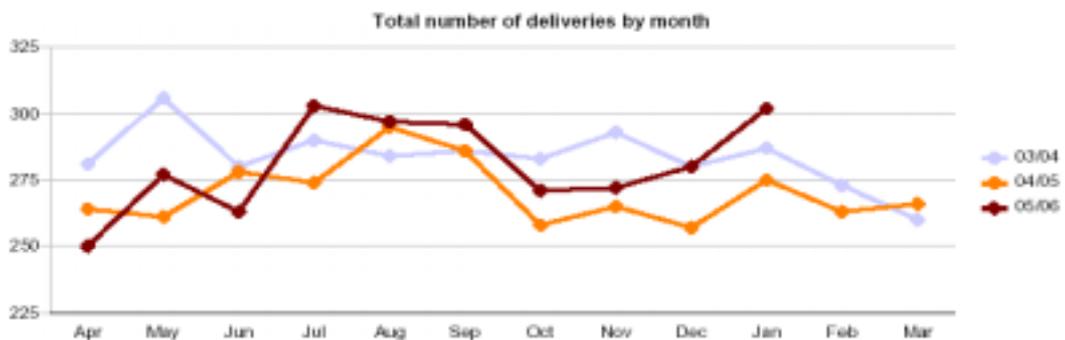
**Health warning:** Heavily dependent on accuracy of cost allocation and activity data



We undertake between 255-300 deliveries a month (Table 2). The Trust has enviable home birth rates and in one Sure Start area we offer a 1:1 approach which allows a mother to work closely with an individual midwife throughout her pregnancy and for up to 28 days postnatally.

**Table 2 Deliveries by month and year**

Chart 1 - A comparison of deliveries by financial year



The smooth running of the patient journey in maternity care depends on a number of departments working very effectively, particularly, ultrasonography, laboratory services, anaesthetics, NICU and paediatrics.

### **3. Who uses and chooses our service?**

Our catchment population comprises a diverse mix in terms of social class, economic status and ethnicity. We serve wealthy communities in Highgate, Finchley and parts of Islington, and also the more socially deprived communities of Archway, Holloway, Haringey and Islington. Within the more deprived areas, midwifery services have been well supported by Sure Start programmes. The hospital also provides maternity services to Holloway prison.

In addition to the social mix, there is a range of how informed women are regarding their birth options. We serve the populations of Tufnell Park, Crouch End, Muswell Hill, East Finchley and Dartmouth Park which tend to be dominated by young families. Prospective parents in these areas are very well informed which tends to result in a preference for a natural, active and midwife-led births where possible.

There is also a London factor at play. Research has demonstrated that London women of all socio-economic backgrounds tend to be more informed about birth choices and exhibit the preferences outlined above more strongly than women living elsewhere in the UK.

The rich diversity of women who may choose to have their babies at the Whittington provides particular challenges in ensuring that the service we provide caters for all their individual needs. However, as highlighted within the BBC SHA research (Appendix 1), the high levels of women from BME communities coupled with higher levels of women from social grades ABC1 indicates a higher level of knowledge of the Choice agenda than the general population.

### **4. How do women choose?**

In North Central London, women have the choice of 5 NHS hospital providers for maternity services, comprising 4 midwifery-led birth centres and 5 consultant led services as well as several private providers and independent midwife services. This includes, for our catchment, the Edgware Birthing Centre.

Most women, having confirmed their pregnancy with a home test, will visit their GP and be provided with information on the NHS providers within the sector. However, there is an increasing trend of self-referral, direct to the maternity unit, particularly among women who have had a baby previously.

The choice of unit can be affected by a number of factors including:

- GP opinion
- Reputation
- The experience of families and friends
- Previous experiences
- Visits to the units for labour ward tours
- Type of care desired – for example midwifery led, consultant led, home birth, water birth
- Philosophy and approach
- Press coverage of the unit
- Direct communication with a midwife or other member of the service

In the research by BBC SHA, the three main influencing factors in determining the choice of hospital were the GP, friends and family and people working in the NHS. From a number of interviews recently conducted with GPs, the reputation of the Trust

appears to be favourable with our primary care colleagues. The influence within the community of the views of our staff is an important issue for the Trust, which would be interesting to explore further.

Interestingly, a new problem within maternity services is that women are booking at multiple units so that they can make a more informed choice on their preferred provider later in pregnancy. The North West London sector are currently piloting a central booking system to resolve this situation and North Central is closely watching the impact this has.

## **5. How are we doing? Feedback on current service**

Over the past six months, we have reviewed the feedback we receive from women who either are considering accessing our services or whom select the Whittington for their delivery. Information has been obtained from the following sources:

- Impact questionnaires – issued to all women who deliver at the hospital, asking for feedback on all aspects of antenatal, delivery and postnatal care.
- Enquiry emails received through hits to the website – approximately 4-5 per week.
- Thank you and compliment letters received.
- Complaints.
- Staff feedback collated via team meetings and away days.
- Comments from the weekly tours of the labour ward held for expectant mothers.
- Liaison with external partners including neighbouring maternity units, the Active Birth Centre, Asante Academy, our PCTs, local Sure Start services and Maternity Services Liaison Committee.
- Trust interviews with local GPs.

## **6. What have we learned about our service?**

The service provided at the Whittington is consistently highly praised, with a number of common themes emerging. Examples of comments received are included below.

“Felt very supported by staff. We had a birth plan which was really taken into consideration and we felt our wishes were really listened to”.

“It is very distressing for mothers to be in labour, arriving at hospital to have to park temporarily and then have their partners leave them to go and park the car”

“Felt very supported by staff. We had a birth plan which was really taken into consideration and we felt our wishes were really listened to”.

“Did feel that the shower/WC could have been better – quite dirty and did not think very hygienic”.

“I am 7 weeks pregnant and am trying to decide where to book and have a couple of questions. I have heard that you have amenity rooms that can be booked. If this is the case I would like to book one. Can my partner stay overnight?”

“I am already booked at a hospital but am unhappy with the attitude of the midwives toward me. Can I change to book with you? I understand that you do not have a Birth Centre but wondered if it is possible to have a midwifery led birth?”

“I felt looked after and never dismissed, I would happily recommend to others when choosing a hospital to have a baby”.

“Murray ward awful – no sleep”

“I recommend anyone having a baby does it at the Whittington the staff are the best although the maternity building needs a little work”.

My care by the team of both midwives and consultants was first class. I felt that they needed more rooms although they work excellent considering the conditions”.

“My overall feeling is that the staff are amazing but the conditions are difficult for them. I was fortunate enough to have a private room. I would not have liked to be on the open ward”.

“Transferred from UCH to the Whittington late in pregnancy so I could have a home birth”

Recent visits by David Sloman and Celia Ingham Clark to local GPs also indicate that the general perception of our maternity service is positive. The news of the development of an acupuncture service has also been fed back to GPs from women who were interested in pursuing this type of treatment.

#### **6.1 Positive comments - the themes:**

- **Our workforce** – We have been fortunate in recruiting and retaining a highly skilled team of midwives. Unfortunately, the Whittington is the only Trust within the sector that has not been able to fund Birthrate Plus, which has indicated a shortfall of 33 midwives. However, the quality of care and support provided by our midwifery team is highly praised. This is an area that will need to be carefully monitored in future years. With the changes in midwifery training, newly qualified staff are less experienced than previously and require more exposure, particularly to normal vaginal deliveries, to give them the confidence and expertise to support women in labour. Similarly, the development of roles such as maternity support workers will assist in ensuring that our workforce can best meet the needs of women and their babies.
- **Our homebirth service** – The Whittington has arguably the most developed service within London with almost 3% of women electing to deliver at home supported by our midwifery teams. This rises to 8% within our case-loading teams. This level of service is not provided elsewhere within North Central London.
- **Our 1:1 midwifery** – Our case loading teams in Holloway and Highview SureStart areas provide a 1:1 midwifery service throughout pregnancy and up to 28 days postnatally. This service is in high demand.
- **Our specialist services** – the Whittington is well renowned for the specialist services it provides including HIV services, FGM/Well African Woman services, diabetes and high-risk medical clinics. These are well regarded within the local community and by local health providers.

#### **6.2 Negative Comments - the themes:**

There is clear agreement on the negatives of our service :

- **Our environment.** - The first impressions of many women of our service is the environment within our antenatal clinics and tours of our labour ward. The antenatal clinic has had little environmental improvement in recent years and the furniture and décor is quite jaded. The labour ward remains very clinical. Each delivery room is large and functional but does not have a 'homely' feel. The entrance to labour ward, the garden and partners' waiting area make a poor first impression. There is evidence that the progression of labour is influenced by the environment, with bright lighting and a hostile environment increasing the potential for medical intervention. In turn, this can impact on the length of stay for a mother and baby at the hospital and, therefore, the cost of the care. There is the potential for in excess of 90% of our deliveries being natural births, whilst at present less than 50% are unassisted.

The inpatient wards are the worst aspect of our service. The Victorian Nightingale wards are cramped and far from being conducive to peace and quiet for women and babies post-labour. In addition, there is little privacy for partners to support women in early labour, before they move to the labour ward, and for new families to spend private time together.

Our environment is in stark contrast with many of the maternity units in the area, which have undergone significant refurbishment in recent years. The Royal Free, for example, has had a major upgrade with ensuite bathrooms in every room, and has excellent views. Although this in no way reflects on the clinical care that a woman will receive, it is clear that the environment will be a decision making factor for women on where to have their baby.

- **Our facilities.** Although, in general terms, we offer many choices to women, our facilities limit what we can supply. For example, we only have two birthing pools at present. Women who request to use water as pain relief in labour or a water birth, cannot be guaranteed one. At Edgware Birthing Centre, although catering for low risk pregnancies only, 75% of women opt to use water in labour and 56% have a water birth. This suggests that increasing the number of pools that we have would be beneficial in extending choice.

Similarly, single rooms are in short supply both antenatally and postnatally although frequently requested by women when deciding where to book. Finally, the Whittington does not have a Birth Centre, led by midwives to support low risk delivery within an appropriate environment.

- **Partner accommodation.** Increasingly, women are asking whether their partners can stay with them on the postnatal ward. Unfortunately, this is not possible at present, unless there are exceptional circumstances, due to the open plan nature of the ward. There appears to be growing demand for this and will influence where a woman decides to book.

## 7. Creating the maternity service of choice

### 7.1 Steps taken in 2005/6

Much has been achieved in the previous year to improve maternity services including:

- Refurbishment of Murray Ward to improve postnatal facilities including a mothers' seating area away from beds, a dedicated breast-feeding area and a repaint.
- Development of HDU/recovery facilities on the labour ward and the creation of an 8<sup>th</sup> delivery room to assist with capacity issues.
- Achievement of CNST level 2 – recognition of the high quality of clinical care provided.
- Appointment of a Consultant with an interest in acupuncture and alternative medicine. In time, it is hoped that we will develop a multi-disciplinary workforce trained in acupuncture.
- Application to Unicef for baby friendly status (indicates excellent practice in terms of promoting breastfeeding and actively celebrity endorsed with significant press coverage).
- Recruitment of two Maternity Support Worker roles, in line with the national programme.
- Creating links with Janet Balaskas founder of the Active Birth Centre, including obtaining views and advice on future refurbishment plans.

## **7.2 Currently underway**

Several projects are being implemented due for completion by the end of 2005/6 .

- Developing links, including implementation of subsidised yoga and preparing for birth classes for more deprived mums, with Birthlight and the Active Birth Centre.
- Proposed 3-month study in association with Asante for the use of acupuncture in labour .

The aim of these two linked projects are to increase our reputation as the provider of choice for women seeking support for a natural delivery and to reduce our intervention rate. This should also have a positive impact on the cost of care.

- Upgrading the seating in the antenatal clinic waiting area.
- Investigating costs of using duvets throughout maternity wards and obtaining a third pool.

## **7.3 Plans for 2006/7**

An ambitious programme of development is planned for 2006/7 including:

- Improvements to the fathers' waiting area and parent craft room following charitable donations. This will allow for a more pleasant waiting area for fathers within the labour ward, as well as an improved environment for antenatal classes.
- Development and implementation of a plan for minor improvements to the labour ward environment, including decoration of delivery rooms to create a more home-from-home environment. This will include aspects that we know the most informed women and their partners seek such as greater control of the environment , dimmable lighting, facilities for playing music, greater use of water, floor mats and aromatherapy.
- Review of our labour ward tours to ensure that it responds to the needs and expectations of women and their partners.
- Review and development of new leaflets to help women choose where to go for their maternity care to be distributed, in particular, by GPs. At present the range of materials provided by GPs is extremely limited.

- Relaunch of the maternity information on the hospital's internet site to include "virtual tours" of the unit and a single maternity enquiries email address.
- Achievement of CNST Level 3.
- Completion of the midwifery establishment review to ensure appropriate staffing levels within each clinical area and to ensure that we are matching staff to the needs of the women and their babies.
- Expanding the antenatal service to a bay on Betty Mansell Ward to allow for the transfer of high risk obstetrics from the Royal Free NHS Trust.
- Some detailed work on length of stay. We are aware there is a significant cohort of women attracted by the "6 hour discharge" possibility and who are keen to get home within this timescale. We are undertaking work to assess whether there are barriers to this occurring. We also wish to create greater capacity, in order that we can accommodate any increase in the numbers of women choosing the Whittington.
- Introduction of nuchal translucency testing within the first trimester (we are currently the only unit in North Central not providing this service).

#### **7.4 Longer term**

The Whittington continues to work closely with the Royal Free hospital to facilitate the move of Level 2 neonates to the Whittington with the associated increase in high-risk obstetric work. This move will be completed by April 2006.

As part of the wider consultation for *Healthy Start, Healthy Futures* the creation of a Midwifery Led Birth Centre at the Whittington will be part of the proposals. To accommodate this and the expanded neonatal unit, an interim plan for the redevelopment of the service is planned including a major fundraising campaign for NICU.

This scheme will include the relocation and refurbishment of antenatal and parent craft facilities to the ground floor of the building, the creation of the Birth Centre and as improvements to the postnatal ward. This will be the first stage in a longer term plan to rebuild many of the clinical services on this site in line with the Trust's service strategy. The next capital build scheme is envisaged to house women's and children's services in a purpose designed environment.

The inclusion of single ensuite rooms for women to be based in during all stages of their care will be a major development for the Whittington. It would also enable the development of a private maternity service on the site, and it is understood that there is significant demand for such a service locally.

Paramount to any rebuild or service development will be the involvement of our staff, our mothers and our partner organisations. This will ensure that we can offer the choices that women want in deciding how to manage their pregnancy, delivery and ongoing parenting needs.

#### **8. Conclusion**

The consideration of Choice with respect to Maternity services has been helpful in terms of prioritising the issues for the service and ensuring that the Trust strategy for maternity accurately reflects what women in our local population want from a maternity care provider. The marketing of our maternity services as we continue to develop our environment, facilities and staff will be extremely important if we wish to

make the Whittington the hospital of choice for pregnant women. The evaluation of patient satisfaction, as well as clinical indicators, will need to be monitored closely to ensure that service change is mirrored by more positive outcomes for women during their pregnancy, delivery and postnatal care.

In summary, it is hoped that this Choice strategy will achieve the following aspirations:

- Confirming the Whittington as the hospital of choice for pregnant women indicated by increased bookings and improved patient satisfaction.
- Confirming the Whittington as the hospital of choice for the multi-disciplinary team who deliver maternity care by improving recruitment, retention and opportunities for workforce development.
- The flexibility to offer and guarantee to all pregnant women (unless clinically inappropriate) the birth plan of their choice.
- Improvements to our environment to match the high quality clinical care we provide.
- To network with other NHS, private and voluntary providers to ensure that women are aware of the many options available to them and that the care they receive is seamless.

