



The Future of Maternity Services in Greater Glasgow

CONSULTATION PAPER



GREATER Glasgow NHS Board has begun its major public consultation on the future of maternity services.

The consultation will be on recommendations made in a report by a working group which includes the proposal to close the Queen Mother's Hospital.

Issues raised by a midwifery group and MatNet, the maternity users network, will also be reflected in this consultation.

NO decisions have yet been made.

It's Greater Glasgow NHS Board's job to ensure health services are right for everyone living in the Greater Glasgow area and we have a difficult decision to make in this case.

That's why we are taking seven proposals out to public consultation. Each of these proposals is explained in detail in this consultation paper.

We are open to all viewpoints and will listen to all arguments. However, the final decision must be made on what's best and safest for mothers and babies.

DELIVERING SAFE SERVICES FOR MOTHERS AND BABIES

Why is Greater Glasgow NHS Board consulting on this issue?

IN 1999, it was agreed there should be only two maternity hospitals in Glasgow and this view is strongly supported by doctors and other health staff.

Falling birth rates (the annual birth rate today is 3,500 less than it was 11 years ago) mean maternity hospitals are under-occupied.

Over the past year:

- Princess Royal Maternity - which can cope with 6500 births, had 4800 births (74% of its capacity);
- Southern General Maternity - had nearly 3000 births (about 60% of its capacity);
- Queen Mother's Maternity - had 3400 births (about 60% of its capacity).

Most mothers now spend very little time in hospital, on average, about two days. They receive most of their care from health staff working in their local communities and only come into hospital to give birth.

In addition, pressures on staff and changes to how health staff work means it is no longer possible to keep three maternity hospitals open safely.

New legislation on the number of hours doctors can work, continuous training requirements and other factors mean it's becoming increasingly difficult for specialist maternity staff to cover work rotas. For safety and legal requirements, there's a minimum number of maternity staff needed for each rota and skilled staff are required 24 hours a day, seven days a week.

So why not just cut down to three smaller maternity units?

Staff are already stretched across three sites making it difficult for them to provide the very specialised services that some mothers and babies need. By concentrating services on two sites, we can make it possible for hard working staff to provide a better service.



The Princess Royal Maternity is brand new and will remain. However, doctors and other health staff can't agree on the future of the other two, the Queen Mother's at Yorkhill or the Southern General in Govan. Both are excellent hospitals. They each have



something different to offer and because of this, the choice of which one should remain and which one should close is a difficult one.

The ideal situation would be that we provide adult, children's and maternity hospitals all together on the one site. However, we can't achieve this for many years.

So we have two choices:

- Should we transfer maternity services from the Queen Mother's to the Southern General's existing maternity hospital which has an adult hospital next door?

This would mean that the very small numbers of mothers with serious problems after birth get immediate care from specialist teams on site. This includes anaesthetics, heart specialists and X-ray. If maternity services were transferred from the Queen Mother's to the Southern General site, those specialist adult hospital staff are already there. The Southern General can provide intensive care for mothers and has an intensive care unit for sick babies which can stabilise a very ill baby which might need transfer to the

Royal Hospital for Sick Children for additional specialist care.

- Should we transfer maternity services from the Southern General to the Queen Mother's site so that the small number of sick babies who need specialist care can receive it on the same site?

This would mean the baby would have immediate access to a wide range



of children's specialists including intensive care, children's heart specialists, ECMO for babies needing specialist lung support, children's kidney services and specialists in genetic conditions. With the exception

of intensive care, these children's services are not available at the Southern General. When it comes to sick mothers, however, there are no adult specialist teams and no adult intensive care at the Queen Mother's and so very sick mothers would have to be transported to an adult hospital.

In summary, we have only two choices:

Should we place the maternity and adult service together and transfer sick babies for specialist care to the Royal Hospital for Sick Children? Or should we place maternity services with children's services and transfer sick mothers for specialist care to adult hospitals?

Recognising the difficulty in making a decision on the best way forward, we decided to establish an independently chaired Modernising Maternity Services Working Group to look at these complex issues in great detail. This involved medical advisers from outside Glasgow.

The Working Group reported to a special Board meeting on October 7, 2003 along with reports from midwives and MatNet, the maternity users network. These reports highlight a number of issues which form the basis of our proposals.

On the difficult issue of which maternity unit should close, the Working Group's conclusion was that the risk to babies who require transfer from the Southern General to the Royal Hospital for Sick Children is lower than the risk to mothers being transferred from the Queen Mother's Hospital to an adult hospital. Both mothers and babies have access to intensive care skills at the Southern General site, but only babies can get the same skills at the Queen Mother's Hospital.

The proposals for maternity services, and the issues involved are outlined on Page 3 and covered in more detail elsewhere in this consultation paper.



Open for public consultation - the NHS Board's seven proposals

FOLLOWING a second meeting on October 21, 2003, it was agreed that the Greater Glasgow NHS Board would take seven proposals made in the working group report to public consultation.

Those proposals are:

1. Location of Delivery Services

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

2. Future Organisation of Maternity Services

PROPOSAL: There should be greater consistency and co-ordination in the organisation of maternity services with a Glasgow-wide approach to service delivery.

3. Sustaining the Quality of Specialist Services

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

4. Accessible Antenatal and Day Care

PROPOSAL: Developing and

improving community services will be a core part of our proposals for service change.

5. The Development of Midwifery Services

PROPOSAL: Our final reorganisation of services will include specific proposals to develop midwifery services which are central to the provision of high quality maternity care. We want to ensure best practice and consistent care are provided across Greater Glasgow.

6. Future Arrangements for Fetal (unborn babies) Medicine

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

7. Access and Transport

PROPOSAL: Our final modernisation proposals should clearly take account of access and transport issues, mainly by delivering as much service as possible in community settings.

What the Board wants to do is

provide services that are best for both mothers and babies.

We also need to look at the future of the Fetal (unborn babies) Medicine Unit at the Queen Mother's Hospital, which cares for unborn babies and mothers on a regional and national basis. There are currently two units in Glasgow offering different services - one at the Queen Mother's and one at the Princess Royal Maternity. Should these units be merged into one?

Another issue is about transport and access. We need to ensure that mothers and babies are given the very best care in the community and, when the time comes, can get to hospital quickly and safely. We will be discussing these issues with our local authority and transport partners.

Also, what happens to the national specialist services provided by the Queen Mother's Maternity for mothers and babies from all over Scotland? We understand that our proposals will affect these services and, whatever is decided, we will work with staff to ensure those national specialist services continue.

The report also recommended the further development of community-based maternity services.

Around 95% of care given to women

before and after birth is carried out by specialist staff in health centres and other health outlets in the community. Most women only go into hospital when they have their babies and that's usually for around two days. That's why developing community services is so important. We want to make it easier for mothers-to-be and new mothers to get care close to home.

We also want services to be the same across Greater Glasgow and to take this opportunity to ensure we develop midwifery services.

Let's be clear, this is not a consultation about the future of the Royal Hospital for Sick Children.

Investment will continue in this hospital and the site will continue to serve the needs of children for the next 15 years.

There's no doubt that the Board has a difficult decision to make. We need to look at all the issues, listen to all the views and then make a final decision based on delivering safe services for mothers and babies. That decision will not be made until the end of the consultation period in early 2004.

Location of Delivery Services

ONE of the proposals put forward for consultation is to look in detail at transferring maternity services from the Queen Mother's Hospital to the Southern General.

Current Services

WOMEN in Greater Glasgow currently give birth at three maternity units in the city - the Princess Royal Maternity Hospital at the Royal Infirmary, the Queen Mother's Hospital in Yorkhill and the Southern General Hospital in Govan.

They receive care before and after birth from community midwives linked to the three maternity hospitals.

Unless they decide otherwise, pregnant women will usually give birth in the hospital linked to the catchment area they live in.

Women whose babies are found to have problems requiring surgery or the other specialist children's services provided at the Royal Hospital for Sick Children, are often booked into the Queen Mother's Hospital for delivery because it is next door to the children's hospital.

What we are proposing to do is transfer maternity services to the Southern General, keep open the Princess Royal Maternity and close the Queen Mother's - reducing the number of maternity hospitals from three to two.

Looking at Our Options

THE Modernising Maternity Services Working Group looked at these complex issues in great detail and produced a report which sets out in detail how the group assessed the two options.

Key points of its conclusions are:

- That the numbers of sick women or babies who would need to be transferred either to an adult hospital or the Royal Hospital for Sick Children is very small compared to how many babies are born each year in Greater Glasgow
- If the Queen Mother's was to close, the numbers of babies requiring transfer to the Royal Hospital for Sick Children (RHSC) would be greater than the number of women requiring transfer to an adult hospital if the Southern General closed
- It is better for the small number of babies who require care from specialist children's services to be booked for delivery at the Queen Mother's because it is next door to the RHSC. However, if the Queen Mother's closed, it is still safe to transfer babies (who have been stabilised in an intensive care unit) to the RHSC via a properly resourced transport system
- Because of the way in which a small number of women may become



seriously ill during childbirth, it is important that intensive care and other specialist adult expertise is available on the same site. The risks of transfer - even for small numbers of women - are significant.

The key conclusion is that the overall risks to babies requiring transfer are lower than the risks to mothers requiring transfer and this difference in risk outweighs the difference in the number of transfers.

An important element of that conclusion is that time critical intensive care could be provided for babies on the Southern General site. However, intensive care and other time critical specialist care could not be provided for women at the Queen Mother's Hospital. The Group also

had clear advice that babies can be safely transferred, both from local and UK-wide experience.

The conclusion is backed by a series of other detailed recommendations from the Working Group about how services for babies would need very careful reorganisation if the Queen Mother's Hospital closed.

This is to ensure that the strong, established relationships between different health professionals and different departments continue and that a safe network of care continues to be provided.

Policy Guidance

THERE are a number of important documents which give guidance to NHS Boards on the organisation of maternity services. This section briefly highlights aspects of that advice which are directly relevant to the decisions we need to make for Greater Glasgow.

British Association of Paediatric Surgeons (BAPS)

THIS is the body which represents paediatric (children's) surgeons. The association supports maternity and children's surgical services being on the one site, but it also says: "...infants and children requiring specialist paediatric surgical management can be transported safely to a regional centre after initial stabilisation." (BAPS 1999)

Confidential Inquiry into Maternal Deaths

THIS is a review of the death of every woman within 42 days of giving birth in the UK. It provides important and detailed guidance for clinical staff and health service planning.

Key points include:

- "Women at known higher risk of complications should not be delivered



in maternity services separate from acute hospital facilities."

- "Tertiary centres accepting the care of women with medical complications in pregnancy must be staffed at consultant level by physicians with relevant specialist medical experience and knowledge of obstetrics." (both from Confidential Enquiry into Maternal Deaths, 2001)

Expert Group on Acute Maternity Services (EGAMS)

THIS group was established by the Minister for Health and Community Care to advise on the organisation of acute maternity services in Scotland and it was published in 2002 with Ministerial endorsement.

It has produced an overview report and a very detailed Reference Report which was developed by groups of senior health professionals working on the key issues. The Reference Report includes two important statements about consultant units delivering the babies of more than 3000 women:

- "Mothers and infants should be transferred to a regional facility if sub-specialist maternal-fetal or specialised medical care is required, particularly from units without adult intensive care."
- "These units should have on-site adult intensive care, neonatal intensive care and neonatal surgery, either on-site or close by." (EGAMS Reference Report December 2002)

The proposal we are consulting on (to transfer maternity services from the Queen Mother's) meets this important clinical policy guidance. The closure of the Southern General would not. This section has only developed three of the key policy documents. The full Working Group report is referenced and those reference documents are available through our website or on request.

It is on the basis of this UK-wide policy framework that there is a consistent trend to close maternity hospitals which are isolated from adult hospital sites.

Working with other NHS Boards

WE will be discussing our proposals for maternity services with other NHS Health Boards as part of this consultation.

Alongside this, the Minister for Health and Community Care has asked us to take another look at the organisation of services in the West Dunbartonshire area along with NHS Argyll & Clyde. We are to report back to him in April 2004. Our findings may affect the pattern of community services in that area and the final size of Glasgow's two delivery units, but will not mean that we will need three delivery units.



Future Organisation of Maternity Services in Greater Glasgow

THIS proposal centres around how the Board can develop maternity services in a 'single system' way - in other words, that all maternity staff work to the same systems.

Maternity services in Greater Glasgow are presently provided by three different NHS Trusts (the North, South and Yorkhill NHS Trusts).

Each of these employ medical and midwifery staff and provide services in different parts of the city. For example, services to the Clydebank population are provided by the Queen Mother's Hospital (part of Yorkhill Trust), while services in Pollok are provided by the Southern General (part of the South Trust).

Although the three clinical and management teams do work together on a regular basis, the systems in place in the Trusts mean that the way maternity services are provided is different in different parts of Glasgow.

Proposals and Options

THE three groups who were involved in the pre-consultation process (the Modernising Maternity Services Working Group, a midwifery group and MatNet, the maternity service users network) all recommended that we need to take a more consistent approach to the way maternity services are provided.

A proposal that the current system of three NHS Trusts providing services should be replaced by one "operating division" with one clinical and management team responsible for maternity and children's services, was made during the pre-consultation.

All three reports offer important recommendations about the organisation of maternity services and we are committed to considering the full range of those recommendations in reaching final decisions about services across Greater Glasgow.

The Working Group recommended:

- Maternity services should be organised as a single integrated system across Greater Glasgow using agreed protocols and an agreed model of care for the two maternity

units and community maternity services

- The establishment of a single integrated system for maternity services which would help with joint working between the two remaining hospitals, integrate rotas for junior hospital doctors and unify models of care

- Frontline staff should lead in the development of a single system maternity service which will improve services for patients and their families and improve the working environment and conditions for staff

- The reorganisation should include a city-wide workforce plan which would incorporate training and development for staff

- We received a proposal for a Maternal and Child Operating Division in Greater Glasgow which



would be responsible for developing a single integrated system. This would look at issues which include ensuring everyone receives the same levels of care, funding and further improved community services. The Working Group saw merit in this proposal if consistent with the other recommendations within this report.

The Midwifery Report highlighted:

- The need for the same service model across Greater Glasgow
- That this was an opportunity look more widely at the organisation of maternity services and to develop new ways of working

MatNet was also keen to see a Glasgow-wide approach to services, asking that we look at all aspects of maternity care, not just any areas that would be affected by change.

Sustaining the Quality of Specialist services

IT IS vital that we ensure that the quality of the specialist services (achieved by the Queen Mother's Hospital and Royal Hospital for Sick Children being on the same site) is continued if the Queen Mother's Hospital closes.

Most women in Greater Glasgow give birth to healthy babies, without any major hitches.

However, the small numbers of women from Glasgow and across Scotland whose babies are found to have problems requiring surgery or the other specialist children's services provided at the Royal Hospital for Sick Children are often booked into the Queen Mother's Hospital for delivery because it provides an integrated maternity and paediatric service.

As we have already said, we are proposing to transfer maternity services to the Southern General, increase the number of women giving birth at the Princess Royal Maternity and close the Queen Mother's - reducing the number of maternity hospitals from three to two.

However, we realise there are a number of specialist services that will be affected if we decide to go down this route. Whatever is decided, we will work with staff to ensure those national specialist services continue.

The essence of our dilemma is that we must either have a second maternity unit which provides:

- Neonatal (sick newborn babies) intensive care, neonatal surgery, maternity care and other specialist paediatric care or have a unit which provides:



- Adult and neonatal intensive care, maternity care and other specialist services for adults.

We are consulting on a proposal that the Queen Mother's Hospital should close and we should have two maternity units at the Southern General and Princess Royal Maternity Hospital.

We know that there are a number of important clinical relationships between the Royal Hospital for Sick

Children and the Queen Mother's Maternity Hospital and we are committed to ensuring that if the Queen Mother's Hospital closes, the quality of specialist services is continued.

What Services Do We Mean?

THERE are six groups of services:

- Babies who require surgery, including heart surgery. We need to ensure that, if the Queen Mother's Hospital closes, the close working relationships between clinical staff at the Royal Hospital for Sick Children and the Queen Mother's Hospital continues and are carefully organised to ensure similar, multidisciplinary working happens without the ease of being on the same site
- The Royal Hospital for Sick Children ECMO service, which provides a Scotland-wide service for babies with severe heart disease or breathing failure, is supported by different types of health staff working together and has input from clinical staff at the Queen Mother's Hospital



- Specialist out-patient services, where clinicians from the Royal Hospital for Sick Children and Queen Mother's Hospital work together to provide care for very small numbers of women with complex problems. Examples include the treatment of metabolic disorders and genetic disorders. We would organise things to ensure these teams could still be brought together to offer the highest quality of care

- Diagnostics and investigations: because all of Glasgow's specialist children's services are provided on one site, we need to ensure that good and safe arrangements are in place for the very small numbers of newborn babies who may need to be given specialist x-rays and other investigations (where these are not available in a maternity hospital). These arrangements are already in place for the Princess Royal Maternity Hospital and the Southern General Hospital

- Newborn babies who have a range of problems which may need specialist paediatric care are referred from across Scotland, to the Royal Hospital for Sick Children. We would need to ensure there are clear arrangements for hospitals outside Glasgow to refer their babies

- An important challenge will be to try and find ways to keep new mothers close to their babies if they are admitted to the Royal Hospital for Sick Children

It is worth saying again that the Southern General Hospital and the Princess Royal Maternity Hospital would have neonatal intensive care to ensure they can deal with the urgent and immediate care of newborn babies, backed up by a specialist transport service to safely transfer sick babies to the Royal Hospital for Sick Children if it is required.

We do recognise the significant benefits of having maternity, adult and paediatric specialists working on one site - that can't be achieved in Glasgow, but we must sustain the quality of specialist clinical services. There are a number of examples from across the UK where specialist children's hospitals are not on the same site as the maternity hospital they work with, and we are looking carefully at those arrangements to help us put together plans to ensure our specialist services can continue to be excellent.



Accessible Antenatal and Day Care

THE reports by the Working Group, MatNet and the midwifery group all recommended that high quality maternity services should be provided in local communities so that most women will only need to travel to hospital to give birth.

What we are proposing in this consultation is that we further develop community maternity services to ensure mothers-to-be and new mothers can get access to care close to home.

Here's what the three groups said...

The Working Group commented:

- A new maternity care centre should be considered for mothers in the West End to ensure that maternity services will still be available in the local area if the Queen Mother's Hospital closes. These centres, which are popular with women and midwives, provide all the routine services women require before and after they give birth, including parenthood and breastfeeding classes, scans, health checks and individual sessions to plan and prepare for the birth. This allows most women to receive the majority of their maternity care in their local community from the same group of midwives, only visiting hospital to give birth
- Local maternity services should be provided which meet the needs of disadvantaged groups (e.g. women from areas with high unemployment and poverty) and women from ethnic minorities
- Midwives should develop a public health role which will allow them not only to care for a



woman's health needs during pregnancy, but also look at the other things which affect health such as poverty, housing difficulties and family problems.

The Midwives group commented:

- Women should be able to make choices about the type of birth they want to have - for example, some women want to give birth at home or leave hospital very soon after they have given birth
- Community-based services and facilities should be increased to make it easier for women to get maternity care closer to home
- New technology (such as telemedicine) should be used to improve existing services by allowing staff from different parts of the country to share ideas and skills without having to meet up

- The development of new Community Health Partnerships (which will bring together community health, health promotion and local authority services) will make it easier for midwives to work more closely with other health and social work colleagues in local communities across Glasgow
- All local communities should have clear links with hospital based doctors who provide care to women during their pregnancy
- Maternity centres, similar to those at Rutherglen and Millbrae which were opened after Rutherglen Maternity Hospital closed, should be built across Greater Glasgow.

MatNet (the maternity users network) members were keen to see community maternity services being:

- Increased
- Available in different places such as leisure centres and other local centres
- Available at different times of the day to make it easier for women to attend.

What we want to achieve is maternity services that sees each area having its own medical and midwifery team to provide a comprehensive service, including:

- Booking assessment and scanning
- A full range of antenatal and postnatal care for most women.

The aim is to avoid hospital visits except for delivery, or admission for highly specialist services for very small numbers of women who need them.

We also need to look at whether we should extend day care facilities to allow for longer periods of monitoring, for example, for women with high blood pressure.



These changes would mean:

- A different pattern of midwifery services in primary care with midwives concentrated in large community bases
- Accessing more facilities in community settings
- Strengthening the amount of midwifery and medical time available in localities as a result of reducing units from three to two.





Development of Midwifery Services

A KEY point raised by the three groups was that midwifery services should be developed to ensure that mothers and babies across Greater Glasgow have access to the same high quality maternity care regardless of where they live or give birth.

The Working Group was keen to see more maternity services being run and managed by midwives including more midwifery-led birthing units where women, who do not have problems during labour, are cared for by a midwife and give birth in a more relaxed setting. For this reason, they recommended:

- More use should be made of the midwifery-led birthing unit at the Princess Royal Maternity Hospital as this is currently under-used
- A similar midwifery-led birthing unit should be developed at the Southern General Hospital to provide care for the vast majority of women who do not need doctors to be present during the birth.

The Midwives said:

- Hospital and community-based maternity services should have enough staff to provide safe and effective care
- Midwives should have a workload they can cope with
- Midwives should be able to get the training and education they require to take on new roles and develop their careers

● Maternity services should be organised in the same way across the city but there should be flexibility in how these are provided locally

● Midwives should have a greater say in decisions which affect them and should be involved in the planning and development of new maternity services

● Midwifery-led care should be developed for women who have a normal pregnancy.

MatNet (the maternity users network) commented:

● Future improvements in maternity care should be available to all Glasgow mothers regardless of where they live or give birth

● Midwives should have a stronger public health role which will allow them not only to care for a women's health during pregnancy, but also look at the other things which affect health like poverty, housing difficulties and family problems

● Women should be able to see a midwife without having to see a GP or hospital doctor first

● Women should be given more information on the types of maternity services, facilities and birth choices available to them.

What we are proposing is that our final re-organisation of services will include specific proposals to develop midwifery services to ensure high quality maternity care.

Future Arrangements

A NOTHER proposal is to transfer the Fetal (unborn babies) Medicine Unit at the Queen Mother's and merge it with the Maternal Fetal Medicine Service at the Princess Royal Maternity Hospital.

Fetal Medicine is a service providing care for mothers and unborn babies where doctors have found problems with the pregnancy. It is a very specialist service and is required by a few hundred mothers from Greater Glasgow and beyond every year.

Maternal Fetal Medicine offers care to both the mother and her unborn baby where problems are expected or are found during the pregnancy. Sometimes the mother has problems with her health and her condition, or the treatment of this, may lead to problems with the baby. Examples of this are women with diabetes, epilepsy or bleeding disorders. Sometimes the problems only lie with the baby (eg structural abnormality, risk of chromosomal defect or anaemia). Occasionally, both mother and baby are affected and both require specialist care before, at or after delivery. This care usually requires the help of a number of specialists.

Maternal Fetal Medicine Services are provided at both the Queen Mother's Hospital and the Princess Royal Maternity Hospital, although currently each unit provides different aspects of care. Most of the service is provided on an outpatient basis.

Proposals and Options

ONE of the proposals of the Maternity Services Review is that Fetal Medicine Services currently provided at the Queen Mother's Hospital should be transferred to the Princess Royal Maternity Hospital, providing a single combined service for the West of Scotland. It was noted during the maternity review that:



● The Fetal Medicine Unit at the Queen Mother's Hospital is recognised to be of international excellence and the Board should do their utmost to ensure that excellence in this area is built upon and developed

● Staff should be offered every support for their research and the opportunity to build on their research strengths should be given high priority.

At the moment, all pregnant women in Glasgow have their first scanning and screening performed in their local maternity hospital. If doctors think there is a problem with the unborn baby, the woman may be referred to the specialist services in the Fetal Medicine Units of the Princess Royal Maternity Hospital and the Queen Mother's Hospital.

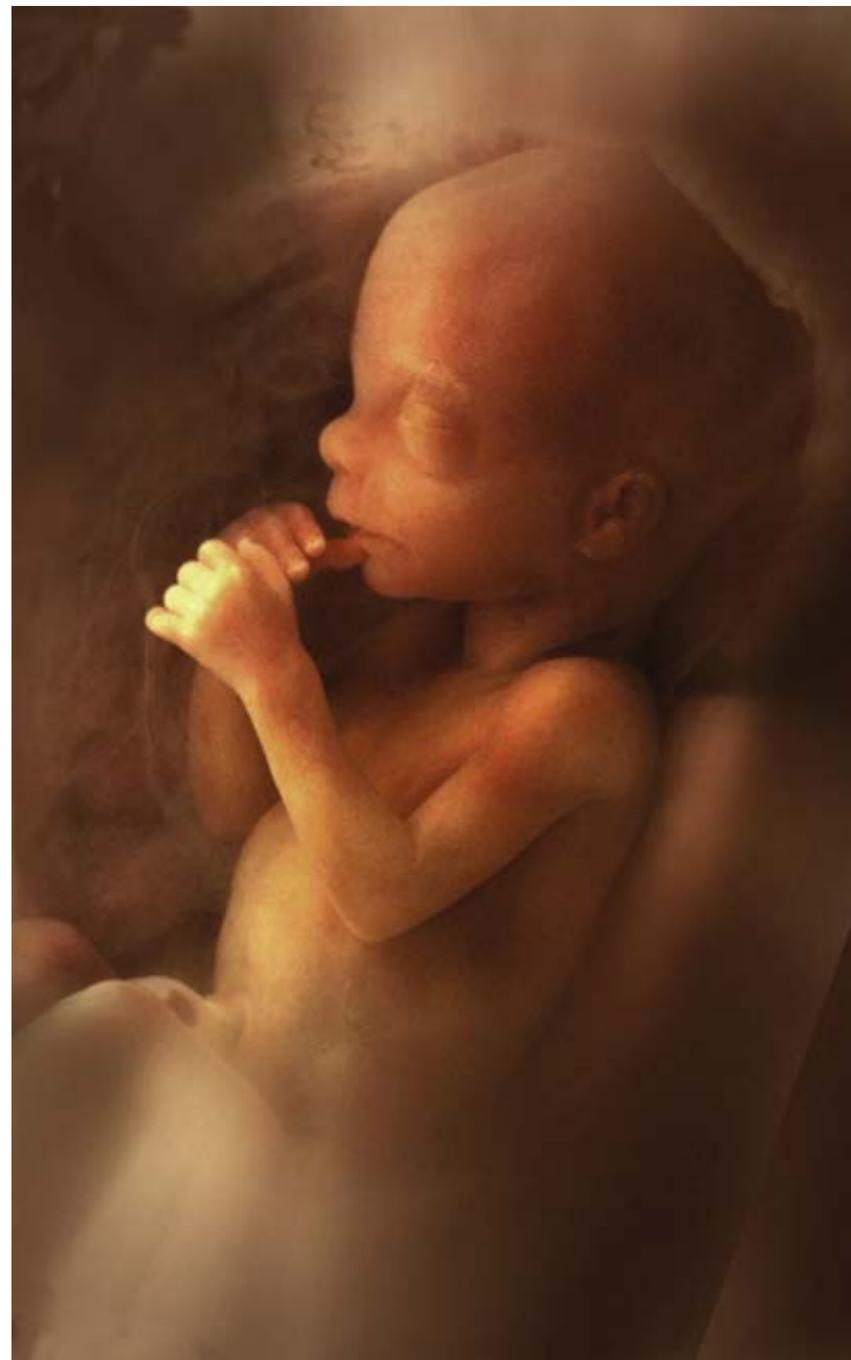
In the unusual event that an unborn baby is found after further investigations (for example blood tests, amniocentesis and more detailed scanning) to have a specific problem which may need surgery, the mother will be referred to the Queen Mother's Hospital. This enables all of the specialists based at Yorkhill to plan care with the ease of co-location.

Fetal Medicine Services provide scanning and diagnosis of babies with a variety of birth problems. In some conditions, this involves doing tests on the unborn baby to confirm the diagnosis.

For many women and their families, counselling is offered by specialist staff from the Fetal Medicine Service at the Queen Mother's Hospital as well as other doctors and nurses based at the Royal Hospital for Sick Children, and other adult specialists at the Princess Royal Maternity Hospital.

If the decision is made to transfer Fetal Medicine Services from the Queen Mother's Hospital to merge with the unit at the Princess Royal Maternity Hospital, plans will be put in place to support the staff involved to work together and make sure that the best possible level of care is available for the small group of mothers and babies who need these services. We would be able to offer a bigger group of specialists with a range

for Fetal Medicine



of interests working together as a team on one site.

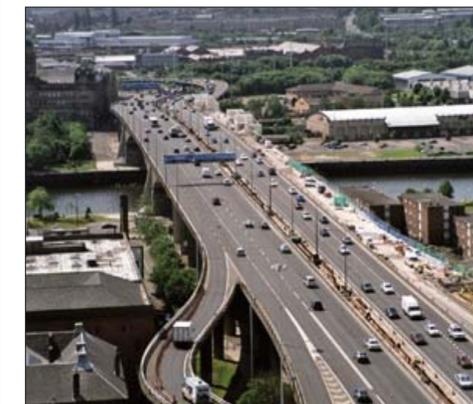
The Queen Mother's Hospital's Fetal Medicine Unit provides a national facility for unborn babies that may need treatment whilst still in the womb, including treatment for anaemia, and lung and kidney disorders.

Around 25-30 babies undergo treatments like this every year.

The service for Fetal Anaemia has not been developed at the Princess Royal Maternity Hospital as, due to the rarity of the condition, there is only the need for one specialist treatment centre (currently at the Queen Mother's). These services could be transferred to new accommodation at the Princess Royal Maternity Hospital, if it is decided that the Queen Mother's Hospital was to close.



Access and Transport



WE RECOGNISE that access and transport is an issue for mothers-to-be. The very nature of pregnancy, particularly in the later stages, can make it difficult for women to travel comfortably and easily.

One of the proposals in this consultation is for the Board to look in detail at the number of issues women face when getting to and from appointments with health professionals and, when the time comes, getting to hospital to give birth.

Access and transport issues pregnant women may have include:

- Travelling with other children, particularly very young children in prams and buggies
- Disabled access to health services
- Distance
- The cost of public transport
- Lack of public transport or no direct bus service to hospitals
- The distance from the bus stop to the hospital entrance
- Parking.

There may also be issues faced by family and friends visiting her in hospital once the baby's born.

Proposals and Options

NHS Greater Glasgow has already established a Transport Group which was set up specifically to look at the issues of access and transport for the modernising of Glasgow's hospitals project.

Chaired by Jonathan Best, Chief Executive of Yorkhill NHS Trust, the group's membership includes health professionals from across NHS Greater Glasgow and representatives from the local authorities, Strathclyde Passenger Transport and local communities.

What we propose to do is task this group with also looking at access and transport issues for women using our maternity services. Over the next ten years, this Transport Group will work to address these issues with the aim of making it easier for patients to access health services.

Another part of this consultation will be to look at how maternity services are delivered in the community. Around 95 percent of maternity care is provided by health professionals working in health centres and other health outlets in the community. For most women, a hospital stay only takes place when they are about to give birth.

What we propose to do is to further develop community maternity services to make it easier for women to access care close to home.

Some things to think about

TO HELP you put together your submission to the Board, we've listed all the proposals on these pages, along with some questions you might want to ask yourself when thinking about the various issues surrounding maternity services. However, you may make any other observations you wish (see page 12).



Location of Delivery Services

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

1. We need to close a delivery unit. If you do not agree the Queen Mother's

Hospital should close what are the main reasons why you support the closure of the Southern General as the better option?

2. Are there any issues that the Working Group did not cover within its report and what do you think of what they said about the key issues and risks to mothers and babies?

3. The Working Group, midwifery and MatNet reports all said we should take a

'single system' approach to changing and developing our maternity services. How do you think this could be organised?

4. The Working Group made a number of comments on intensive care for sick babies (neonatal) and how sick babies are transferred from a maternity hospital to the Royal Hospital for Sick Children. When considering these two important services, are there any particular issues we should consider?

Future Organisation of Maternity Services in Greater Glasgow

PROPOSAL: There should be greater consistency and co-ordination in the organisation of maternity services with a Glasgow-wide approach to service delivery.

1. How can maternity services in Glasgow be developed to work in a 'single system' way?

2. How can we ensure that staff are involved in and take part in developing services?

3. How can we ensure that the needs of women and their families are fully recognised when we look at developing maternity services in Glasgow?



Sustaining the Quality of Specialist Services

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

1. Are there any issues the Working Group, MatNet and the midwives group have not raised?

2. If a baby needs specialist care at the Royal Hospital for Sick Children, how could we ensure mothers and babies are not separated during this time? Do you have any suggestions about how we could keep them together?



Accessible Antenatal and Day Care

PROPOSAL: Developing and improving community services will be a core part of our proposals for service change.

1. What would be the priorities for changes to community maternity services?

2. How should we decide on the siting of new services? For example, should the focus be on the most deprived areas, those with the lowest uptake or those closest to the delivery unit which will close?

3. How can we develop and improve upon the links midwives have with health professionals working in the community?



The Development of Midwifery Services

PROPOSAL: Our final reorganisation of services will include specific proposals to develop midwifery services which are central to the provision of high quality maternity care. We want to ensure best practice and consistent care are provided across Greater Glasgow.

1. Currently, midwives work to different systems depending where they work in Greater Glasgow. When we come to look at reorganising maternity services, ensuring midwives are providing the same high quality care, using the same way of working, will be a key part of that. Is this what is needed to develop midwifery services?

2. How can we go about making sure midwives are all working the same way? What do you see as the most important parts of this?



Future Arrangements for Fetal Medicine

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

1. By bringing fetal (unborn babies) medicine services on to the one site, is this the best way of making sure Glasgow's care of unborn babies is the best it can be? A centre of excellence?

2. If not, what are your suggestions for how we can create a centre of excellence for fetal medicine services? Why do you think that?

Access and Transport

PROPOSAL: Our final modernisation proposals should clearly take account of access and transport issues, mainly by delivering as much service as possible in community settings.

1. Although we know that for the majority of women attendance at a hospital service is on limited occasions and only for relatively short periods, it is clear there are concerns about access which must be addressed. The key question is the extent to which these can be tackled by the approach to community maternity services and ensuring that the out-patient services at the Queen Mother's Hospital are re-provided as locally as possible. Do you support our proposals to expand community maternity services? Would the expansion of services make it easier for pregnant women and women with newborn babies to receive care?

2. When we draw up the catchment area boundaries for community maternity services (linked to the two remaining maternity hospitals), we plan to ask the public, midwives and community health professionals for their views on these proposals. Is there anything else we should do?

3. If we close the Queen Mother's Hospital, what other access and transport issues should we look at?



Information

FOR a copy of the detailed leaflets (on which this consultation paper is based) or for other written material contact:

Freephone
0800 7834183
or log on to
www.nhs.gov.uk

Queries

IF you have any questions about the consultation process, call: 0141 201 4477.



How to register your views on our proposals for Maternity Services

WE'LL be holding a series of meetings with mothers, staff, community groups, local politicians, our main health partners, other Health Boards and other interested parties over the coming months, giving them an opportunity to hear

the proposals and discuss their views.

If you would like to tell us your view on these proposals:

Telephone: 0141 201 4608

Or write to:

John C. Hamilton

Modernising Maternity Services Consultation

NHS Greater Glasgow

Dalian House

350 St Vincent Street

Glasgow G3 8YZ

Email: maternity@nhs.gov.uk

Web site: www.nhs.gov.uk click on Maternity Services

Staff can also e-mail the Staff News: staffnews@nhs.gov.uk

Closing date for submission of views is February 20, 2004. If you need more time, please let us know.

Delivering Safe Services for Mothers and Babies

PUBLIC CONSULTATION EVENT – TUESDAY, 20th JANUARY 2004

As part of NHS Greater Glasgow's public consultation on the future of maternity services, a public meeting will be held at:

Radisson SAS Hotel, 301 Argyle Street, Glasgow G2
(At the corner of Argyle Street and Hope Street by Central Station)

This will be an open space event, commencing at 7.00pm and closing at 9.30pm



There will be brief presentations followed by question and answer sessions at 7.30pm and again at 8.30pm. Throughout the evening you will also have a chance to discuss each of NHS Greater Glasgow's seven proposals for Maternity Services with different teams of staff.

This is your chance to find out the facts about the proposed changes to Maternity Care and why they are necessary.

For further information, please call 0141 201 4477