

Your Health, Your Voice

Thursday 15 November 2018, 6:00pm – 8:00pm

The Boardroom, Kempthorne House,
St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP

Attendees

Name	Initials	Organisation / Job role
Bath and North East Somerset CCG and guests		
Suzannah Power (Chair)	SP	Lay Member for Patient and Public Involvement, BaNES CCG
Debbie Forward	DF	Senior Commissioning Manager, Preventative Services, B&NES Council
Dr Ian Orpen	CP	GP and Clinical Chair, BaNES CCG
Daisy Picking	DP	Engagement Manager, BaNES CCG
Matthew Smith	MS	Communications and Engagement Officer, BaNES CCG
Members		
Ann Harding	AH	Healthwatch volunteer, Community Champion
Diana Hall Hall	DHH	Healthwatch volunteer, Community Champion
Cllr Vic Pritchard	VP	Cabinet Member for Adult Social Care & Health
Andy Morley	AM	Community Champion (Technology)
Praful Majithia	PM	Bath resident
Diana Woodhouse	DW	Oldfield Surgery PPG
Julie Hockey	JH	The Pulteney Street Practice PPG
Jean Lowe	JL	Protect Our NHS B&NES
Mark O'Sullivan	MO	Federation of Bath Residents' Associations
Steven Sharp	SS	Oldfield Surgery PPG
Janet Cowland	JC	Bath resident

1. Welcome and Introductions	AP
<p>SP welcomed everyone. The minutes were approved as a true record of the meeting.</p> <p>DP updated on action points from the last meeting:</p> <ul style="list-style-type: none"> Bruce Laurence (Director of Public Health for B&NES Council) had responded to a question from a member about why people with a learning disability are considered to be an 'at risk' group for flu and his response is included in the minutes from the last meeting. A reminder that Bruce asked the group for their thoughts on why people 	

<p>may not be having the vaccine and how we can increase uptake. Any members who have further thoughts to share these with DP.</p> <ul style="list-style-type: none"> • DP to contact the public involvement group at Wigan Council to get their feedback on the Wigan Deal • A reminder to members to let DP know if they wished to be involved further with Advance Care Planning. 	
<p>2. Transforming Maternity Services Together: consultation on proposed changes across B&NES, Swindon and Wiltshire</p>	
<p><u>Background</u></p> <p>DF explained to the group that the Transforming Maternity Services Together project is being undertaken as a result of the Better Births report, a national review of maternity services which requires CCGs to work together to improve planning and safety of maternity services. Hospital trusts are also facing challenges around changing needs and where women are choosing to give birth.</p> <p>There had already been widespread engagement with mums and families about where they would prefer to give birth, for example at a Freestanding Midwifery Unit (FMU) or at an Obstetric Unit. This engagement included workshops and feedback through surveys from more than 2,000 women and families, staff and partners over the last 18 months.</p> <p>Their feedback, alongside recommendations in the Better Births report, has been instrumental in developing the proposals for the future of maternity services across the BaNES, Swindon and Wiltshire (BSW) region.</p> <p>Better Births said that women should have more choice on where to give birth and should receive better antenatal and postnatal care, with the aim of ensuring mums could see the same midwife before, during and after the birth of their child.</p> <p>DF said that the average age of women having a baby is now 35 and that there are a growing number of high- risk pregnancies – e.g. women with high blood pressure, diabetes, obesity – which need medical support in a hospital setting, putting an increasing pressure on obstetric units at the RUH, Salisbury District Hospital and Great Western Hospital.</p> <p>Around 50% of first-time mums needed to transfer from a midwife-led unit to an obstetric unit in hospital for extra medical support.</p> <p>DF explained that, of the 11,200 births across BSW in 2017/18, 85% took place in an obstetric unit, with just 6% at a Freestanding Midwifery Units. The remainder of the births took place in the Alongside Midwifery Unit at the Great Western Hospital in Swindon (7%) and at home (2%).</p> <p>The increasing number of women giving birth at an obstetric unit means that many midwives and maternity care assistants are staffing Freestanding Midwifery Units where very few births take place. During an average month, only 52 babies are born across all four FMUs. DF used an example of one night where there were seven births at the RUH, but none at any of the FMUs or home births – despite 15</p>	

midwives and maternity care assistants either working or being on call.

DF said that the engagement so far had shown that one of the greatest fears for pregnant women is transfer to a hospital during labour. Also, women want the choice of having their baby in an Alongside Midwifery Unit and better support and promotion of home birth. Women have said that the RUH doesn't promote home births enough.

There are nine post-natal beds available in the community (five in Paulton and four in Chippenham) which were originally intended to provide breastfeeding support. However, between January and December 2017 these beds were empty for 95% of the year.

DF said that in too many cases staff were having to look after empty beds and buildings or travelling from community hospitals with very low births to extremely busy obstetric units, often at short notice, which they dislike. This was also having a negative effect on morale, retention and skills.

DF explained that a travel impact assessment was carried out to identify which of two Freestanding Midwifery Units (FMUs) should continue to support births. The assessment showed that, across B&NES, Swindon and Wiltshire, 83.4% of the female population of childbearing age live within 30 minutes of a birth unit (based on peak driving times). This increases to 93.7% off peak. Analysis also showed that continuing to support births in Frome and Chippenham FMUs (rather than in all four) makes the least difference to travel time – even if women could no longer give birth at Paulton or Trowbridge, 81.8% of the female population (peak times) and 93.4% (off peak) would still be within 30 minutes of a unit.

Chippenham and Frome FMUs are also in better condition, so the cost of further improvements would be lower. An Alongside Midwifery Unit at the RUH would be able to support women in the Paulton area.

Proposal:

- Continue supporting births in two, rather than four, Freestanding Midwifery Units (FMUs). Women will still be able to have their baby at Chippenham or Frome. Antenatal and postnatal clinics will continue at Chippenham, Trowbridge, Frome and Paulton.
- Create two new Alongside Midwifery Units, one at the RUH in Bath and one at Salisbury District Hospital. This will provide women with the opportunity of a midwife-led birth and easy access to an obstetric unit if required, without the need of an ambulance transfer.
- Enhance current provision of antenatal and postnatal care. Trowbridge and Paulton proposed as pilot sites for a new 'community hub' model of care.
- Replace the five community post-natal beds in Paulton and the four community post-natal beds in Chippenham with support closer to, or in women's homes.
- Improve and better promote the home birth service.

One member asked what the difference is between an Obstetric unit and an Alongside Midwifery unit. An Alongside Unit is located next to an Obstetric Unit

<p>and can sometimes also be referred to as a co-located unit. Care in these units is provided by midwives and maternity care assistants. IO said that an Alongside Unit feels a lot less like a medical environment, but extra support or medication is available just down the hall if you need it.</p> <p>Another member asked if this meant that Paulton FMU would be closing. DF assured members this wasn't the case and explained Paulton would continue to provide antenatal and postnatal care.</p> <p>One member read out a statement from a local councillor who was in support of the proposals and the process. IO added that the proposals had gone to the Clinical Senate who were very positive about them.</p> <p>One member said he had heard that, across B&NES, recruitment is focusing on midwives with less than two years' experience, and that many of them come from outside of the local area. He asked whether this is true and, if so, why is there a focus on appointing less experienced midwives. DF said she would find out if this is the case.</p> <p>Post-meeting note: <i>This is not the case. Recruitment is open to all registered midwives, newly qualified or experienced, and many applicants come from students training at UWE. There are usually multiple applicants for posts so there is generally a pool of midwives to choose from both within and outside of the local area.</i></p> <p>DP explained members can share their views further by filling in a survey – this is available online and paper copies were handed out during the meeting. DP encouraged the group to share the consultation with family, friends and anyone who might be keen to share their views. If members would like hard copies of the consultation document and/or key facts leaflet, please get in touch with DP.</p> <p>The closing date for feedback is Sunday 24 February 2019. More information about the consultation is available on the consultation website.</p>	<p>AP1 – DF</p> <p>AP2 – All</p>
<p>3. Commissioning at scale across BaNES, Swindon and Wiltshire CCGs</p>	
<p>IO explained that 'commissioning at scale' simply means doing something bigger, across a larger area.</p> <p>The three CCGs across B&NES, Swindon and Wiltshire (BSW) are working together to improve patient experience. The maternity services project is a good example of this, along with the new 111 service, which was procured across the whole BSW region.</p> <p>IO added that this joined-up way of working is also being mirrored at a local level, such as the recent merger of Oldfield Surgery, St James's Surgery and Number 18 Surgery to form the Heart of Bath Medical Partnership. This merger was instrumental in establishing the Partnership's new urgent clinic, which was able to be set up because the surgeries were able to pool their resources.</p>	

<p>As well as ensuring more efficient use of budgets, working at scale also gives organisations across the system the chance to share best practice. The cardiology pathway at the RUH was such an example, where staff had spoken to each other across county and local authority boundaries to develop the best possible solution.</p> <p>IO explained that the Sustainability and Transformation Partnership (STP) is moving towards an Integrated Care System, where there will be closer collaboration and less competition.</p> <p>BaNES, Swindon and Wiltshire CCGs will soon be working closer together than before. The three CCGs will remain, but there will be just one management structure across them all. IO said there are no plans to merge the CCGs at this time, but he couldn't rule this out as a possibility further down the line.</p> <p>BaNES CCG is also continuing to work closely with the local council as part of the ongoing integration programme, which is joining up the commissioning of health and care services across B&NES.</p> <p>IO was asked to return to the Youth Health, Your Voice group at a later date to update on progress of the CCG's integration projects.</p>	<p>AP3 – MS</p>
<p>4. General comments from the floor and any other business</p>	
<p>A member asked what was going to happen to the dialysis service that was currently based at the RUH but which was set to be relocated. They had heard it might be moving to Shepton Mallet, or even Wales. MS will find out the latest and report back to the group.</p> <p>Post meeting note: <i>A statement from NHS England, which is responsible for commissioning the dialysis service: “The Somerset renal procurement (which originally included Bath) has closed and bids are currently being evaluated/moderated. The Bath Lot was separated out as an ‘emergency’ procurement with a 15 day timeframe for bidders. This will be evaluated separately and the outcome will be communicated on both counts in due course. We anticipate being able to inform patients and staff of the outcome of the procurement in January 2019 when a preferred bidder will hopefully be identified.”</i></p> <p>DP mentioned further opportunities for members to share their views:</p> <ol style="list-style-type: none"> 1. The CCG is reviewing the Early Home Visiting Service (this is for people who are unwell and cannot get to their GP surgery – they can call their practice first thing in the morning and request an early home visit. Their surgery will then send a Doctor, Specialist Paramedic or Advanced Nurse Practitioner to see them). If anyone has used this service or cares for someone who has used it, the CCG would really appreciate some feedback. 2. The CCG has created a new patient experience poster and would like members' feedback on the language, design and layout. 	<p>AP4 – MS</p>

3. B&NES Council and CCG are looking at how we provide home care services and how we can make them better in the future. To help us decide what services should look and feel like in future, we have been talking to different groups of people and asking what is important to them about home care services, what they think works well at the moment, and what could be better in the future. We are going to be running a consultation from late November until early January to check back in with people and make sure we've heard correctly what they have been telling us.

If members have any feedback on home care services in the local area and would like to share these, please contact Alison Enever at alison_enever@bathnes.gov.uk or on 01225 395907.

DP to send members a follow-up email after the meeting to remind them of the different engagement opportunities and how they can have their say.

**AP5 –
DP**