



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

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Ref: NH&SCT-Working with you to Transform Acute Maternity Services Consultation

Mid Ulster District Council would like to take this opportunity to put forward its views in relation to the proposals detailed in the above-mentioned consultation and the options set out below:

Option 3. Consultant-led births move to Antrim site which would provide intrapartum care for an additional 600-700 births per annum. Development of a Freestanding Midwifery Led Unit (FMU) in Causeway for approximately 200-300 women suitable for low intervention midwifery-led care and birth. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and scheduled ambulatory services on Causeway site.

The deliverability of **option 3** will be subject to the outcome of the Coroner's recommendation for a comprehensive review by the Department of Health of staff numbers, training and policies within FMUs.

Option 4. Move all births to Antrim site which would provide intrapartum care for an additional 900 births per annum. Retain and enhance early pregnancy assessment units, antenatal and postnatal clinics and ambulatory services on Causeway site.

In **options 3 and 4**, the Trust will also explore the possibility of providing an interim Midwifery Led Unit in Antrim Area Hospital pending the development of the new purpose-built Women and Children's Unit.

On examination of the options, Mid Ulster District Council disagrees that it is in the best interests of maternity patients and their families to be provided with centralised care provision for either consultant led or midwifery led deliveries. In some cases, this would relocate delivery services a significant distance from patient's homes.

While Mid Ulster District Council recognises that there are challenges and imperfections in how the current services are delivered, the Council is not in support of either of the options set out in this consultation. It seems that the overall outcome of the implementation of the proposed options will cause additional travel, stress and expense for expectant mothers who reside in the service's catchment area.

Addressing Staffing Issues

Staff not being exposed to more complex pregnancies and deliveries is identified as one of the main reasons for options set out in this document. However, this seems to be as a direct result of how the service is currently managed. If more complex cases are constantly diverted to Antrim Area Hospital, how was it ever envisaged that the staff at Causeway Hospital would be able to maintain and develop their skills. Also, while a lack of skills development of staff should be avoided and mitigated against, this issue should not be made a priority over the general ability of the public to access services. As such, the Council would strongly encourage the Trust to consider workforce and recruitment planning in a way that meets the needs of the residents of the area, both now and in the medium to long term. The Council also understands that Causeway's medical rotas are heavily dependent on locums and temporary staff. This reliance on locum medical staff is not financially sustainable nor does it build a cohesive working environment for the delivery of any service and should also be addressed regardless of what services remain available on the site.

In addition, the Council would also recommend that consultant obstetricians and nursing staff should be contracted to work across Trust sites, rather than being recruited to work on one specific site. This change in practice could also mitigate against teams and services on different sites working in silos. This practice could also be strengthened by staff being rotated away from working solely in FMUs. This would benefit their professional development and provide them with experience in more complex cases. The Council would also seek clarity on whether the unscheduled FMAU attendance by consultants can be factored into the provided options. Will consultants be available at Causeway for emergency cases or will women be expected to travel to consultants during their labour?

Additional Travel

The Rural Needs Impact Assessment states that the move will impact on local intrapartum access for approximately 600-700 women who would be required to make a single journey to Antrim to birth if the options were implemented. It should be considered that will most likely be instances where more than one journey is

required. This could be the case particularly towards the end of pregnancies when issues such as high blood pressure, gestational diabetes, pre-eclampsia, iron deficiency etc can occur. These options will require heavily pregnant women with additional health risks to make longer journeys than is currently the case. This is particularly pertinent issue during the current cost of living crisis when family budgets are stretched enough without having the additional worry of travel costs to hospitals services further away, especially in a rural area which suffers from a lack of public transport and in some areas very poor infrastructure.

While the Trust has indicated that NIAS is not the primary resource used for the transportation of babies to an acute hospital site with neonatal facilities (this service is currently provided by the Northern Ireland Specialist Transport and Retrieval team (NISTAR)), when this service is not available or when emergency transportation may be required for mothers, NIAS will be expected to provide that service as well as transporting patients who don't have access to their own transport. NIAS has been under unprecedented pressure in recent times. It appears that both options presented in this consultation would create extra strain on an already over stretched service.

The Council welcomes the capital works planned for Antrim Area Hospital and recognises the benefit that this enhancement for many residents in the Mid Ulster District. The integration of a new bereavement suite and additional clinical rooms are particularly welcome. However, it should be noted that for some women and their partners there will be an extra distance to travel to access these services than if they have been incorporated into services at Causeway.

Possible Impacts of Expectant Parents

The Council is also concerned that possible negative impact that both the options may have on the homebirths service. It is the understanding of the Council that the homebirth service can only be provided to women who are assessed to be at low risk of complications during pregnancy. However, even women with an assessed low risk would be placed at a higher risk if their travel time to a delivery suite was vastly increased, as would be the case with Option 4. If this was the case, women's preferred choice of delivery would be adversely impacted rather than increasing the standard of care as is the aim of this overall project.

It should also be considered that issues that mothers can experience post-delivery also need to be considered in this process. Confusion can occur about where to seek support on issues such as bonding and attachment, establishment of breastfeeding, anxiety and postpartum depression. If the mother has had to access care on both sites and is also advised to seek support from Health Visitors there can be confusion on where to turn to for support leading to a delay in addressing the

issues being experienced by the mother or baby. This factor could have a negative impact on the number of postpartum readmissions.

General Comments

The Council find it disappointing that one of the consultation options is subject to outcome of the coroner's recommendation. This is not a sound basis for consultation given the fluid nature of what the recommendations of the coroner's findings may require, including the possibly of Option 3 being completely removed from consideration.

The Council would also like it noted that the options presented by this consultation seem to be following the principles of the Bengoa Report (2015) e.g., by fundamentally changing how services are delivered and by being reactive to estimated population changes. However, crucially other recommendations within the Bengoa report such increased GP recruitment etc are not currently being implemented. This leads to a failure to address the knock-on needs of patients following the fundamental changes proposed. Overall, it is evident that the provision of services in one health care field (GP crisis for example) impacts significantly on the delivery of services in another, so attempting to shore up problems in service delivery by applying a sticking plaster to one service at a time will not solve the overall health care crisis we are currently facing. As such, the Council would also seek clarification as to whether Antrim Area Hospital has the actual capacity to cope with the increased number of births prior to the completion of its capital development process, especially when the staffing shortages are so prevalent across the Trust.

In conclusion, the Council is concerned that this could be the beginning of an overall downgrade of Causeway Hospital. Causeway Hospital plays an important role in the care of the residents of northern part of the Mid Ulster District Council area and therefore the Council would strongly advocate that the sustainability of Causeway Hospital is ensured and that the services it currently provides are not diminished.

Yours sincerely

Cllr Córa Corry

Mid Ulster District Council Chair