

4 Aug 2020: Maternity - Online engagement session

Facilitator	John Boyman – Head of public relations, Strategic projects	Engagement Team	SE
Speakers	Alex Whitfield - Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust Miss Avidéah Nejad - Clinical Director for Women's Health, Hampshire Hospitals NHS Foundation Trust Fay Corder - Associate Director of Midwifery, Hampshire Hospitals NHS Foundation Trust Dr Nick Ward - Clinical Director for Child Health, Hampshire Hospitals NHS Foundation Trust		
Registered participants	18	Participants on Zoom	10
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: Suggest one maternity unit as part of the new hospital located halfway between Basingstoke and Winchester. The maternity unit should have a midwife led unit for low risk			
Questions/Comments raised during online event: QUESTION: I have had 2 gestational diabetes pregnancies and I think there's really an opportunity to develop a centre of excellence for diabetes care. There is a divide about the convenience of a local service but I think diabetes care in women is undervalued and under researched, and it is a massive growing area of maternity care which needs specialist involvement. You need research in order to become a centre of excellence in the UK and I'd be interested to know whether the plans for the new hospital might engage that more, and make it more of a research based service. ANSWER: Research is something that is really important across all the services. We'd like to build a health and wellbeing campus and as part of that concept it could involve the universities to encourage more research active clinicians, and provide the facilities to do that research. ANSWER: We have a growing population with gestational diabetes in the area. We need to make sure we provide the same consistent, quality, evidence-based practice, but at the moment that is across two different sites. Even bringing these teams together is a challenge, let alone providing the same quality of care in each place. We need to come together as a centre of excellence to provide excellent care continuously, and it needs to be sustainable. To have the pool of experts sitting together to serve the population. When we have this, that is the time to be involved in the research. Having a centre lets us be a centre that can be relied on for research.			

QUESTION: I am from Healthwatch West Berkshire. A lot of our clients come from across the border. We would like to see low risk women be provided home births for women across the border. Some of the women in West Berkshire have some part of their care from Royal Berkshire, such as the scans, and then they come to you guys. It is trying to create one team to provide the care throughout rather than having two teams.

ANSWER: As you know, we have already been in touch as we want to work together to create continuity of care for the women who live in Newbury but who choose to come to Basingstoke to give birth. Some of the locations of the GPs means that some women will have antenatal and postnatal care with the midwife but who will then birth in the Royal Berks so will see a separate team. We are going to try and locate a community hub so they will be able to access one team provided by Hampshire Hospitals midwives and who will provide the care for home births or come to Basingstoke. It is work in progress.

QUESTION FROM CHAT: how many mothers are sent away from WIN-BAS hospitals for lack of available spaces in labour wards?

ANSWER: We don't have many - we are fortunate that we can divert our women between the two trusts so they don't need to go out to Southampton or Reading. It hardly ever happens.

QUESTION FROM CHAT: what are the expectations of the NHS trust about the support the local charities provide (I.e NCT supporting new parents) and how would help facilitate this support and the involvement of volunteers?

ANSWER: We used to provide NCT, but the community midwives wanted to go back to wanting to give out this support themselves so we have helped them get additional training and online training during Covid. Women have the choice to do either but they would have to pay for NCT themselves.

Volunteers do a lot of work at the birth centre and help on the postnatal wards. So if anyone wants to help in that way we can facilitate that.

QUESTION: I had a baby at Basingstoke two and a half years ago and I am currently pregnant again. I'm under normal community midwife care at the moment. My experiences have been very positive. I live in a rural area and one of the biggest challenges we have is having to attend different appointments at different sites depending on what is it and whether it is the weekend.

I love the idea of a maternity centre of excellence but my concern would be where it is located and how accessible that was for people, especially those having a winter baby, and my concern is what would happen if it snows I won't be able to get out.

I like the sound of local hubs where you could have that midwife and postnatal care in more local locations. It's a difficult footprint geographically because you have rural communities as well as built up populations.

My community midwife is connected to my GP so I was very lucky to be able to have face-to-face appointments during Covid. That's been really positive but then I go to Andover for scans. During my last pregnancy I went to Winchester, Basingstoke and Andover depending on the appointment which is fine for me because I have a car. If you don't have access to a car that could be challenging.

Something that could be improved is working more closely with the health visitors which is commissioned separately maybe through social care. That experience is quite disjointed and it is vital for post-natal care. If those hubs were available and services in the same

place it would make it much more straightforward as a new mum to access the support you need.

ANSWER: The link with health visitors in hubs is important. We're hearing that accessibility is important - transport, public transport, cycle and walking to the site. We're taking all that into account.

ANSWER: Community hubs would have health visitors, to have that joined up approach for post and antenatal care. We'd have support groups with stop smoking, healthier weight. There'd also be an opportunity for other organisations to join us such as NCT and breastfeeding support classes. The pediatric doctors could come and do some baby clinics there. There may be other clinics for gynae clinics. The possibilities are huge.

QUESTION FROM SPEAKER: You said that you were in the north of the county. There is a possibility that maternity services will look different. If you found there wasn't an obstetric unit at Basingstoke any more and it would be a bit further south, would you choose to go to Reading or would you still want access to Basingstoke?

RESPONSE: If I couldn't go to Basingstoke I'd look to go to Andover as that is where I had my first birth. I'd consider that anyway to be at a birth centre rather than a hospital. The thing with Reading is that it is impossible to park and that would have an influence on my decision but Oxford would be another option.

ANSWER: The programme is not about centralisation, or bringing two hospitals together. This is about all of us together to think about the 21st century future. Providing more locally, as we don't need to go to a hospital for a 12 or 20 week scan. It's an opportunity to work and think differently.

QUESTION FROM CHAT: How are non-native speakers and POC/BAMER included in terms of their faith/culture/ethnic heritage in relevance to their maternal requirements? In terms of assigned translators who act as case workers building of that bond throughout pregnancy and after?

[Cont.d] I am here on behalf of Community United which is a community interest company based in West Berkshire. I want to advocate for people who are non-natie speakers who have their special requirements who may have come here through different circumstances who have special maternal wishes. Will there be a centralised service that is not private, that will provide continuity of care and that caters for ensuring continuity of care and that trusting bond to help them have a comfortable and stress-free experience with maternity?

ANSWER: We're currently working with a BAME continuity of care team and getting out to the local population. With regards to continuity of care, the team of midwives is 8 so they should build strong relationships with one or two of those midwives but they will get to meet them all. They will be able to provide all antenatal and postnatal care in the community and will have access to translators. This is in the early stages but it's something that we're developing. It's a national requirement and by March of next year we will be meeting 75% of the BAME populations with this type of care model. We would love to have you help us to shape the future so please get in touch.

QUESTION: how much of the proposition has been discussed with Berkshire Council as Royal Berkshire hospital is looking at doing the same thing. How much of a conversation have you had?

ANSWER: Royal Berkshire are also a HIP2 trust for a new building. One of their options is a rebuild on their existing site. They do have another site but the evidence is suggesting that the existing site is the preferred option. When we talk to them about the catchment area their current thinking is that they weren't expecting that to change very much.

QUESTION: How much of an input do you have with the West Berkshire County Council?

ANSWER: There is a joint meeting with Health Overview and Scrutiny and Health and Wellbeing Board. We're trying to set up a joint meeting with the scrutiny committees for the councils responsible for health, so West Berkshire and maybe Southampton will be involved in that. We're certainly in dialogue with West Berkshire already.

Chat download anonymised:

Question , please: how many mothers are sent away from WIN-BAS hospitals for lack of available spaces in labour wards?

Question 2: what are the expectations of the NHS trust about the support the local charities provide (I.e NCT supporting new parents) and how would help facilitate this support and the involvement of volunteers?

How are non native speakers and POC/BAMER included in terms of their faith/culture/ethnic heritage in relevance to their maternal requirements? In terms of assigned translators who act as case workers building of that bond throughout pregnancy and after?

The NCT do entirely fund the breastfeeding support in Winchester though, which it would be fab if the hospital could link with.

XX if you can email me at the maternity group please so we can involve you

Alex also if we moved south a bit... that may mean women wanting an obstetric led birth living in the northern Hants area may want to go to Reading...

Alex Whitfield - CEO HHFT: Thanks

Thanks for all of this valuable information

Thank you everyone

Report written by: SE