Report following public consultation on a proposal to make permanent an interim change at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal

Purpose of the Report

To outline feedback received during public consultation on a proposal to make permanent an interim change at Helme Chase midwifery-led unit to inform a decision by the Governing Body.

Outcome

Required:  
Approve  
X  
Ratify  
For Discussion  
For Information

Assurance Framework Reference:

Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable.

Recommendation(s):

The Governing Body is asked to:

Consider the feedback received during the public consultation and to decide whether or not the interim change should be made permanent.

Executive Summary:

In December 2014 the University Hospitals of Morecambe Bay NHS Foundation Trust, supported by NHS Cumbria Clinical Commissioning Group (CCG) and NHS Lancashire North CCG, made an interim change to the service provided at Helme Chase midwifery-led unit. Before the interim change midwives were at work in the unit 24/7 even when there were no mothers or babies to care for. Since the interim change, an on-call service has been in place overnight, at weekends and during Bank Holidays. This means that during these hours, if there are no mothers or babies in the unit, the midwives are on-call at home and if a woman goes into labour, she contacts the on-call midwife who either arranges to assess her at home or to meet her at the unit.

At the time the maternity services provided by the Trust were under great pressure. The services were under the national spotlight with the Morecambe Bay investigation coming to a
close, there was intense media interest and there were high levels of staff sickness (30 per cent at one point at Furness General Hospital).

At the same time, the number of women birthing at Helme Chase was declining, following changes in national guidance and as a result of women choosing to deliver in a consultant-led unit in case of complications.

Since the interim change the Trust has been on a journey of improvement with its maternity services, including addressing all of the recommendations in the Morecambe Bay Investigation report. It has also embedded service user engagement as a way of working.

The Trust has also been able to use its staff more efficiently; in the first 15 months following the interim change, more than 3,000 midwifery hours were released.

During discussions with the Cumbria County Council health scrutiny committee during summer 2016, NHS Cumbria CCG agreed to carry out a proportionate consultation on whether or not the interim change should be made permanent.

A six week period of consultation began on 21 September 2016. This included information on the CCG’s website, press releases, emails to a wide range of service users and also targeting organisations and venues attended by women and families, a public event organised by the MSLC and independent research involving mothers and future mothers. There was no media campaigning during this period and coverage overall was balanced.

In their responses, the MP for Westmorland and Lonsdale Mr Tim Farron and Kendal Town Council were clear that they did not support the interim change. Discussions with a small number of service users who attended the MSLC event were constructive and midwives from the unit were able to offer reassurances about the services available for women. A total of 14 members of the public submitted responses to the CCG. Five were clear that they did not support the change. Two people were clear that they supported the change.

The independent research involved more than 90 mothers and future mothers and showed that just over half of the women interviewed supported the change being made permanent. Almost all said it was extremely important that the NHS made the best use of available resources. It was clear from this feedback that more could be done to raise levels of awareness about services available at Helme Chase.

**Key Issues:**

A number of themes emerged during the consultation including most prominently concerns about the future viability of the unit. Another key comment was about the loss of inpatient postnatal care which has been very much valued by women and families over the years. (However, this change is in line with a national shift towards women returning home as soon as they are clinically well enough, with postnatal care being provided in their own homes and in the community.)

Some felt that the change was resulting in increased pressures on the consultant-led services at Furness General Hospital and Royal Lancaster Infirmary. A small number mentioned difficulties contacting the on-call midwife and women arriving at the unit in advance of the midwife. There were comments that the changes were financially driven and some said women were being
discouraged from using the unit. Some expressed concerns about the impact on midwives. There were also comments about the need for better communication about the services available at Helme Chase.

As a result of feedback received, the Trust has already said it is exploring the possibility of introducing a centralised telephone line for women to contact maternity services. It is also improving its verbal and written communication with women about how the service works, so that women who use the unit know what to expect. In addition, over recent months it has stepped up public information about the range of services available at Helme Chase, including open days so that women and families can see for themselves what services are there. Both the Trust and the CCG have said they would wish to see a greater number of women who are eligible to do so deliver their babies at Helme Chase.

Key Risks:

- That the trust won’t be able to recruit to the Helme Chase service

The interim change has now been in place for over two years. The Trust has been able to successfully recruit to vacant posts and patient experience feedback remains high.

- That the numbers of women using the unit will continue to fall

One issue for the Trust is ensuring that there is ongoing work to promote the unit and the services available there so that women are aware that they can still access a labour and delivery service 24/7.

- If the unit returns to 24 hour on site staff cover the current more effective utilisation of scarce resources will cease

Since the interim change was made the Trust has been able to use its resources more effectively and in the first 15 months gained over 3,000 hours of midwifery time.

Implications/Actions for Public and Patient Engagement:

As indicated above there is ongoing work for the Trust to ensure that local women and families understand the services available at Helme Chase and how these should be accessed.

This will build on the significant amount of engagement that has taken place around maternity services across Cumbria, including South Lakes over the past two years. The Trust has now embedded service user engagement as a way of working and has evidence of changes that are being made to improve maternity care that have been in response to comments received. Its most recent maternity engagement event was on 12 January 2017 at the South Lakes Foyer when local midwives were available to seek views from local women and families about maternity care generally.

Financial Impact on the CCG:

There will be no financial impact on the CCG.
**Strategic Objective(s) supported by this paper:**

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<td>Support quality improvement within existing services including General Practice</td>
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<td>Commission a range of health services appropriate to Cumbria’s Needs</td>
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<td>Develop our system leadership role and our effectiveness as a partner</td>
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**Impact assessment:**
(Including Health, Equality, Diversity and Human Rights)

- Completed and will be reviewed as the action plan is progressed

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**Date Report Written**
January 2017
Report following public consultation on a proposal to make permanent an interim change at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal
Introduction

The purpose of the report is to outline feedback received during public consultation about a proposal to make permanent an interim change that was introduced at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal in December 2014 to inform a decision by NHS Cumbria Clinical Commissioning Group (CCG).

2. Executive summary

In December 2014 the University Hospitals of Morecambe Bay NHS Foundation Trust, supported by NHS Cumbria Clinical Commissioning Group (CCG) and NHS Lancashire North CCG, made an interim change to the service provided at Helme Chase midwifery-led unit, Westmorland General Hospital, Kendal.

This meant that women could still birth at the unit 24/7 but overnight, at weekends and during Bank Holidays when there were no mothers and babies in the unit to care for, the midwives were on-call at home.

The interim change happened at a time when the maternity services provided by the Trust were under great pressure. The services were under the national spotlight with the Morecambe Bay investigation coming to a close, there was intense media interest and there were high levels of staff sickness (30 per cent at one point at Furness General Hospital).

At the same time, the number of women birthing at Helme Chase was declining. This would be due to a number of reasons including changes in national guidance which reduced the number of women eligible to deliver in a standalone midwifery-led unit and women choosing to deliver in a consultant-led unit in case of complications.

Over the past two years the Trust has been on a journey of improvement with its maternity services generally. This has included addressing all of the recommendations in the Morecambe Bay Investigation report, including developing a new maternity unit at Furness General Hospital. It has also embedded service user engagement as a way of working, including through close working with the Bay-wide Maternity Services Liaison Committee (MSLC). As such feedback from service users is now routinely informing service developments.

The Trust has also been able to use its staff more efficiently; in the first 15 months following the interim change, more than 3,000 midwifery hours were released.
During discussions with the Cumbria County Council Health Scrutiny Committee during summer 2016, NHS Cumbria CCG agreed to carry out a proportionate consultation on whether or not the interim change should be made permanent.

A six week period of consultation began on 21 September 2016. This included information on the CCG’s website, press releases, emails to a wide range of service users and also targeting organisations and venues attended by women and families, a public event organised by the MSLC and independent research involving mothers and future mothers.

The consultation resulted in coverage on local radio, regional television and local newspapers, including attendance by a television crew at the MSLC event. There was no media campaigning during this period and coverage overall was balanced.

In his response, the MP for Westmorland and Lonsdale Mr Tim Farron was very positive about the services provided at Helme Chase but expressed concerns about the future viability of the unit, about women arriving at the unit before the midwife and about services being watered down. He referred to a petition that was launched when the interim change was made which he said attracted 1,000 signatures. Kendal Town Council was clear that it did not support the interim change.

In depth discussions with a small number of service users who attended the MSLC event were constructive and midwives from the unit were able to offer reassurances about the services available for women.

A total of 14 members of the public submitted responses to the CCG. Five were clear that they did not support the change. These included one service user who contacted the CCG several times via her MP and also directly and asked for her concerns to be brought to the attention of the CCG’s Governing Body. Two people were clear that they supported the change.

The independent research which involved more than 90 mothers and future mothers showed that just over half of the women interviewed supported the change being made permanent. Almost all said it was extremely important that the NHS made the best use of available resources. It was clear from this feedback that more could be done to raise levels of awareness about services available at Helme Chase.

A number of themes emerged during the consultation including most prominently concerns about the future viability of the unit which was underlying in many of the comments received. Another key comment was about the loss of inpatient postnatal care which has been very much valued by women and families over the years. (However, this change is in line with a national shift towards women returning home)
as soon as they are clinically well enough, with postnatal care being provided in their own homes and in the community.)

Some felt that the change was resulting in increased pressures on the consultant-led services at Furness General Hospital and Royal Lancaster Infirmary. A small number mentioned difficulties contacting the on-call midwife and women arriving at the unit in advance of the midwife. There were comments that the changes were financially driven and some said women were being discouraged from using the unit. Some expressed concerns about the impact on midwives. There were also comments about the need for better communication about the services available at Helme Chase.

As a result of feedback received, the Trust has already said it is exploring the possibility of introducing a centralised telephone line for women to contact maternity services. It is also improving its verbal and written communication with women about how the service works, so that women who use the unit know what to expect. In addition, over recent months it has stepped up public information about the range of services available at Helme Chase, including open days so that women and families can see for themselves what services are there.

Both the Trust and the CCG have said they would wish to see a greater number of women who are eligible to do so deliver their babies at Helme Chase.

3. Background

Helme Chase is a standalone midwife-led unit which can be used by women assessed as having a low risk pregnancy, which means they are unlikely to develop any complications during their pregnancy, while giving birth or after the baby is born.

NHS Cumbria CCG carried out public consultation from 21 September to 4 November 2016 about a proposal to make permanent an interim change introduced at Helme Chase midwifery-led unit in December 2014.

Since that time, while women have been able to deliver babies in Helme Chase 24/7, overnight, at weekends and during Bank Holidays the midwives are on-call at home when there are no mothers and babies to care for in the unit.

The unit continues to provide a full range of maternity services including antenatal clinics, scanning, postnatal care and parent education. Community midwifery and home birth services for Kendal and South Lakes continue to be coordinated from Helme Chase.
In line with other units around the country, best practice and national guidance, the only service not available is inpatient postnatal care. Over recent years there has been a national shift towards women who have had uncomplicated births requiring no medical input or ongoing medical care going home within hours of the baby’s birth, with postnatal care provided at home and in the community. This is because home is usually seen as the best place to recover following delivery.

The interim change was introduced at a time when the maternity services provided by the University Hospitals of Morecambe Bay NHS Foundation Trust were under great pressure. The Morecambe Bay Investigation was ongoing and there were high levels of staff sickness particularly in the consultant-led maternity unit at Furness General Hospital and the services were under the spotlight locally and nationally. At the same time the number of deliveries at Helme Chase was reducing, with the majority of women delivering their babies in the consultant-led maternity units at Royal Lancaster Infirmary and Furness General Hospital. It was felt that the Helme Chase staff could be used more flexibly to support the Trust-wide maternity services.

During the first 15 months the interim change resulted in more than 3,000 clinical hours being released. This has helped the Trust to make a number of improvements including ensuring greater continuity of care for women so that they don’t see lots of different midwives during their pregnancy and providing more flexible antenatal appointments including evenings and weekends.

The improvements were in response to feedback from local women and families about what is important to them when they use maternity services and was gained through extensive engagement activities during 2014 and 2015 across Cumbria including in Kendal and the South Lakes areas. This level of engagement is now embedded within the Trust and is ongoing as efforts continue to improve maternity services.

NHS Cumbria Clinical Commissioning Group (CCG) and the University Hospitals of Morecambe Bay NHS Foundation Trust which manages hospitals across North Lancashire and South Lakes, including Helme Chase, reviewed how the interim arrangements were working. They also had discussions during summer 2016 with Cumbria County Council Health Scrutiny Committee (the first of which was with the committee’s substantial variation subcommittee) about the level of public consultation required on a proposal to make the interim change on a permanent basis. Public consultation was then started on 21 September 2016.

Both the Trust and NHS Cumbria CCG have stressed that they are keen to see an increase in the number of eligible women who choose to deliver their babies at...
Helme Chase. As such the Trust has been actively promoting the unit through public information and open days.

4. Consultation process

On 25 July 2016 NHS Cumbria CCG and the Trust presented a report to the Cumbria County Council Health Scrutiny Committee which set out a proportionate approach to consultation over a six week period. This included targeting women of child bearing age to seek their views and sharing information with individuals and organisations with an interest in maternity services.

The report suggested widely sharing a press release with information about the consultation and how to comment, including information on NHS Cumbria CCG’s website and maximising opportunities to reach women and families through social media. It also suggested independent research involving mothers and future mothers living in Kendal and South Lakes to seek their views.

The report explained that the NHS organisations were continuing to work closely with the Bay-wide Maternity Services Liaison Committee (MSLC) which involves women and their families, who have used maternity services and who work with the NHS professionals to develop services to meet their needs.

The committee agreed this approach and preparations began for the consultation. This included a discussion at an MSLC meeting on 5 September so that members’ views could be taken into account about the process. The press release and website information were subsequently shared with the chair of the MSLC before publication and her comments were incorporated.

Midwives at Helme Chase were also briefed to ensure they were aware of the plans for consultation.

The consultation was started on 21 September. A press release was shared with local media, local councils, the MP for Westmorland and Lonsdale, Healthwatch, mother and toddler groups, schools, community and voluntary sector organisations and primary and middle schools. The press release which was also shared with staff with NHS Cumbria CCG and the Trust included a web link for further information and an email address (as well as a postal address) for anyone who wished to submit comments. A number of service users and relevant Facebook sites were targeted and NHS Cumbria tweeted about the consultation. The press release resulted in media coverage, including North West Evening Mail, Radio Cumbria and Border TV.

The MSLC said it would also organise an engagement event in Kendal during the consultation process to provide another opportunity for women and others with an
interest to share their views about the proposal. This event took place in Kendal on 26 October and was promoted by a press release, media coverage, including local radio, social media (including targeting of service users and relevant Facebook sites) and posters in public venues. Border TV attended the event and interviewed service users and NHS staff.

Explain, an independent research company, was commissioned to undertake a survey involving up to 100 women of child bearing age (mothers and future mothers) from Kendal and surrounding towns and villages. This involved researchers conducting on-street interviews.

5. Feedback received during consultation

5.1 Service users and members of the public

Emails were received with comments from 14 people who included women with recent experience of using maternity services, previous users of maternity services, members of the public and a former member of staff at Helme Chase.

Seven who submitted comments raised a number of issues but were not explicit about whether or not they supported the changes:

- A service user who made positive comments about the staff but outlined some difficulties she experienced contacting the on call midwife and arriving at the unit in advance of the midwives. She said this was due to ‘exceptional circumstances’ and was no one’s fault. She said she agreed with the on call system if this was the only way but said there was a need to ensure that the on call phone was always answered. She said it would be a shame if Helme Chase had to close.

- A service user who said she was ‘not opposed to the on call service’ and she ‘loved’ being back in her own home within four hours of delivery. She commented negatively on the postnatal service that she had received at home with a home visit being cancelled and said that overall she had not had continuity of care during her pregnancy. She also felt that numbers quoted by the NHS should include the women who she said were turned away because the unit was too busy.

- A service user who referred to a ‘fantastic’ personal experience at Helme Chase. She said if the changes continue she hopes that Helme Chase can continue to support women in labour outside working hours. She said the loss of postnatal care was ‘terrible’. While she understands the suggestion
that postnatal care is better at home, she said Helme Case is home from home with a high level of care from qualified and kind staff. She said it was the (inpatient) postnatal care that made Helme Chase ‘special’.

- A service user who said Helme Chase was a ‘fantastic facility’ and that staff had supported her to have a home birth. She urged the NHS to do whatever it could to keep the unit feasible.

- A former service user who said she had heard of women arriving at the unit before the midwife, which she felt was damaging public confidence, driving women away and that the unit would cease to become viable. She said women deserved better than a ‘watered down’ service.

- A woman who used Helme Chase more than 30 years ago said the unit was ‘far too valuable to be allowed to close’. With each of her children she had stayed in the unit for a week. She said ‘at the very least women should be able to keep the pared down service on offer’.

- A service user who gave birth to her second child at Helme Chase during 2014 and who spoke highly of the care she received. She stayed in the unit for two nights which helped her to recover from the delivery, receive breast feeding support and ask questions about the baby. Due to complications in her most recent pregnancy she gave birth at Royal Lancaster Infirmary and again commented positively on the care received but said it was a different experience to Helme Chase. She said the unit was much busier and ‘you felt more isolated once the baby is born because of how busy the staff are’. She was reassured by Helme Chase being so close and said it would be ‘a tragedy if such a special place was to be closed down’.

Five were clear that they did not agree with the changes being made permanent:

- The first, a service user who contacted the CCG twice via Rory Stewart, MP for Penrith, expressed concerns that women were not able to have home births due to understaffing, that they were having difficulties contacting the on call midwife, were being turned away from Helme Chase due to capacity issues and were being pressured into delivering at the consultant-led units. She commented on the number of recent retirements at Helme Chase which she said may well have been brought about by midwives feeling unsure and unwilling to work in this ‘overstretched and undermanned system’. She felt the change was against the advice of the World Health Organisation in
relation to inpatient postnatal stays and she commented negatively on the hours released. She then contacted the CCG direct in which she reiterated her concerns, including that the reports that had previously been presented to the health scrutiny committee were not balanced, that capacity across the wider maternity services had not been taken into account, that low risk women were being provided with a ‘second rate service’, she felt there was a lack of independent scrutiny over both the proposal and the future strategy for maternity care.

• The second, a former member of staff at Helme Chase, said her ‘vote would be not to continue’ with the interim arrangements but to recruit more midwives and put them back on night shifts working in the unit. She said women value the inpatient postnatal stays and this would increase satisfaction and confidence levels for instance, with breast feeding. She commented that midwives working under the interim arrangements were tired and that overnight working in the unit had previously enabled them to catch up on paperwork and mandatory training. She felt numbers of women choosing to give birth at the unit would increase if they knew they stay for inpatient postnatal care following delivery.

• The third, the husband of a woman who was in the 38th week of her pregnancy when the interim change was announced at Helme Chase in December 2014. He said he did not agree with the change being made permanent. They felt the communications around the interim change were poor. If the change is made permanent he said that the communications around the care that is available at Helme Chase for mothers and babies should be improved. He commented that there was confusion about on duty and on call times. He felt that the uncertainty about how the unit worked (i.e. how long women could stay after delivery) would not help to sustain it as a viable unit. He asked for the future of Helme Chase to be considered as it would be sad if it did close because not enough mothers felt it provided the service they need.

• The fourth said she was a mother from Penrith who wanted to use Helme Chase when she had her first child in 2011 as she did not want to use the Penrith Birthing Centre because it operated an on call service. She wanted to guarantee that she would not be turned away if the on call midwives were unavailable when she was in labour. She said the change at Helme Chase was removing patient choice and ‘forcing more to feel compelled to birth at already overstretched consultant led units’. She said that the change has
dramatically cut the number of births at Helme Chase, ‘threatening the longevity of the service’. She felt let down by the temporary arrangement and hopes the decision will be made to revert Helme Chase back to providing inpatient postnatal care. She commented on World Health Organisation guidelines.

- The fifth, a woman who gave birth at Helme Chase during 2016 said she wanted to comment on her experience and ‘hopefully save this exceptional maternity care unit’. She said making the change permanent would have a detrimental effect to the quality of care and increase the costs. She said that during her pregnancy did not have continuity of care from the same midwives and some of her antenatal appointments were at unsuitable times. She commented on how national guidance is reducing the number of women who can birth in a standalone midwifery-led unit and that first time mothers are ‘left feeling scared to make the decision to give birth at a midwifery-led unit’ and feel safer choosing to give birth where there are obstetricians, ‘hence the decreased birth numbers at HCMU’. Following her delivery at Helme Chase she was transferred to Royal Lancaster Infirmary as she had a tear which needed surgery. While waiting for the ambulance she ‘received first rate care’ from the midwives for breast feeding support and baby care. She wondered if she had delivered during midweek would she have been able to stay for her tear to be repaired and said maybe this is another service that needs to be addressed. She was ‘shocked’ that the midwife had to arrange a taxi to take her back to Helme Chase from the Royal Lancaster Infirmary and that such costs need to be taken into account. She also commented negatively on the ‘impersonal care’ she received at Royal Lancaster following surgery. The day following discharge she received a home visit from a midwife and commented on the distances covered by midwives making such visits and suggested it may be more cost effective for health care support workers to provide inpatient care.

Two were clear about their support for the interim change to be made permanent

- One, a service user, said she was happy with the proposal and that it was ‘great’ that women can be supported at home.

- The other, the partner of a service user, saying he would like ‘to speak in support’ of the proposal, that he agreed with the better utilisation of resources and that he felt it was a safer option, with women less likely to present in labour unexpectedly. He referred to a personal experience, said he
believed that obstetric and anaesthetic support should be on hand and that low risk can become high risk. He added that the proposals were for the ‘right reasons and increase safety’.

5.2 MSLC engagement event

The MSLC event took place in the South Lakes Foyer at Kendal on 26 October. It was widely promoted including through social media and the press release advised that women who wished to attend could claim travelling expenses and childcare costs if they used an Ofsted registered childminder.

The event was led by MSLC representatives and there were NHS representatives including NHS Cumbria CCG senior managers and midwives from the Trust. Three service users attended and there was a detailed and constructive discussion about the comments made and issues raised, which included:

- the decrease in numbers of women birthing at Helme Chase could become a trend
- lack of understanding about how long women can stay in the unit following delivery
- lack of support over birthing
- fear that Helme Chase would no longer be an option
- concerns about women arriving at the unit before the midwives
- women being told that Helme Chase is not for them
- capacity in the unit and the perception that women in labour are being turned away because the midwives are accompanying a woman who is transferring to Barrow or Lancaster.

The women present said they would like to see figures showing the number of women who are turned away from the unit due to capacity, effective communication about who is eligible to birth there, proactive promotion of the services available and an increase in on call midwives.

5.3 MP

Tim Farron, MP for Westmorland and Lonsdale, sent a letter (attached at Appendix A) to NHS Cumbria CCG in which he commented that the unit provides a ‘fantastic service’. He said there were ‘concerning reports’ of women arriving at the unit before the midwives which ‘undermines public confidence’. He commented on
'damaging messages' about the service being ‘watered down’ and he was ‘extremely concerned’ that the service will be ‘downgraded’ and cease to be viable. He said it was essential that women were given choices and that the changes appear to have been detrimental with more women travelling further. He referred to a previous petition signed by 1,000 people.

In a subsequent press release about his vision for South Lakes he said one of his priorities is ‘to stop plans to permanently remove 24-hour cover and postnatal care at Helme Chase’.

5.4 Kendal Town Council

The town council sent a letter saying they ‘had resolved to oppose the permanent change’. The council asked for representatives from the NHS to attend its meeting on 7 November so that there could be a discussion about the proposal.

The letter (attached at Appendix B) included the following comments:

- the change was driven by cost and pressures on NHS
- it represents a retrograde step and continued ‘salami slicing of services’
- 24/7 would help relieve pressure on units at Barrow and Lancaster
- there were massive benefits from the inpatient postnatal care in terms of recovery and support – the unit has a calmer atmosphere and allows early addressing of issues such as breast feeding
- women are being encouraged to go to Barrow or Lancaster over Helme Chase
- the reduction in figures of women birthing at the unit and concern that it will cease to be viable
- one councillor reported that it took three attempts to reach the on call midwife
- the council looks forward to working with NHS to ensure there is a quality, modern and importantly local service.

Issued raised at the council meeting on 7 November which were responded to by NHS representatives from NHS Cumbria CCG and the Trust who were in attendance, included:

- reference to the change being due to financial pressures
- message going out to women is that they are not able to give birth at Helme Chase
5.5 Social media

Information about the consultation was sent to a number of Facebook sites and was also tweeted.

For Facebook this included the site set up by local women following the implementation of the interim arrangements at Helme Chase in December 2014 and later renamed as I Love Helme Chase.

Posts on this site during the consultation period have included the initial press release announcing the start of the consultation, the poster promoting the MSLC event on 26 October, the letter that the local MP sent to the CCG, an article that appeared in the Westmorland Gazette outlining concerns that were shared with the CCG through other routes (i.e. email responses as outlined above) about women being turned away from the unit and about difficulties in contacting the on-call midwives.

There were a number of posts encouraging women to attend the MSLC event and also to tell their stories.

Overall the posts resulted in a number of conversations involving a small number of people.
During the same period there were other posts about the development of the new website by the Trust and about an open day on 7 October that took place at Helme Chase to give local people the opportunity to view facilities at the unit.

5.6 Independent research

Explain Market Research was commissioned by NHS Cumbria CCG to carry out up to 100 face to face on-street interviews involving mothers with children under six and future mothers. These took place around Kendal and involved women from a range of post-codes, all of which were within the boundaries served by Helme Chase.

The aims were to understand the perceptions of the interim changes and any concerns that women might have, gauge the level of support for the proposal to make the changes permanent and test out levels of awareness of the range of services available at Helme Chase.

The executive summary of the Explain report is attached as Appendix C.

In total, there were interviews with 93 women (50 mothers with children under the age of six and 43 were women with no children or with children over the age of six and who were planning to have children in the future i.e. classed as future mothers). Over half (59%) lived in Kendal and 41% lived in the surrounding areas. A total of 44% were aged 20-29, 43% aged 30–39 and 13% aged 16-19.

When asked if they used Helme Chase when they gave birth, 43% of the mothers said they did and 23% of future mothers said they would plan on using the unit if they became pregnant.

Women who used Helme Chase when they gave birth or planned to used Helme Chase when they gave birth were more likely to live in central Kendal and the surrounding areas (82% and 100% respectively).

When looking at how aware local women were of the services offered at Helme Chase, the scores were generally middling, ranging from 46% to 67%. The service that women were most aware of was antenatal (67%), followed by scans (66%) and awareness was lowest for parent education (46%).

There was a trend towards women in the mothers’ category being more aware of the services offered by the unit than future mothers.

All listed services were considered extremely important with antenatal care, scans, 24-hour delivery and postnatal care all achieving a mean score of 10 out of 10. However, there was a lack of awareness that Helme Chase was available 24 hours a day for labour and delivery (26% were aware).
Awareness of the services being developed, such as water birth, reflexology, massage, hypnotherapy and aromatherapy was typically lower among future mothers. Respondents had the highest levels of awareness of the unit developing a water birth service (47% overall).

When asked if having a baby/another baby how important would it be to have the same midwife during pregnancy and delivery, care led by the same small team of healthcare professionals or the choice to stay in Helme Chase following delivery (i.e. for inpatient postnatal care), all were considered to be important with the latter being the most important (i.e. a mean importance score of 9.5 out of 10).

Comments explaining why this was the case over inpatient postnatal care could be grouped into the following themes:

- it’s good to have a choice
- personal wellbeing
- close to home/local
- help and support.

When women were asked how important it was for the NHS to use its resources efficiently, almost all said it was extremely important.

When asked whether they supported the proposed changes, 52% said they supported the proposal and a further 19% were undecided. The remainder (29%) said they did not support the proposal.

The analysis showed:

- respondents aged 29 and under were more likely (58%) to support the proposal
- future mothers were more likely (54%) to support the changes being made permanent
- women with children aged 1-2 years were least likely (39%) to support the change being made permanent
- a higher proportion of women who did not support the changes lived more centrally in Kendal.

The comments of the women who did not support the proposal (29% overall) could be grouped into the following key themes:

- it should stay how it is*
• it should be fully operational
• travel/distance
• it will close
• too busy.

*It wasn’t clear from the comments whether women were referring to how the unit is now, since the interim change was introduced, or how it was prior to December 2014.

6. Themes raised during consultation

<table>
<thead>
<tr>
<th>Themes</th>
<th>Responses</th>
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<tbody>
<tr>
<td><strong>Future viability of service</strong> – there was a theme running through responses that people were concerned that if numbers continued to decrease at Helme Chase the unit would cease to be viable and would close.</td>
<td>Both NHS Cumbria CCG and the Trust are committed to ensuring the future availability of a midwifery-led unit at Helme Chase.</td>
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<td></td>
<td>While, numbers have decreased since the interim change was introduced this continues a trend that was already happening and in fact is also being seen at some other standalone midwifery-led units around the country.</td>
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<td>The independent research has also shown that some people were not aware that a labour and delivery service is still available 24/7 at Helme Chase.</td>
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<td>The Trust has already started to step up efforts to promote the unit and the services available. Such efforts include a new website for maternity services, increased use of social media, more publicity about the unit and open days when women, their partners and families can tour Helme Chase. It is also continuing engagement activities with the MSLC so that the views of service users can continue to be taken into</td>
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account over the development of services. The MSLC is committed to working with the Trust to promote the unit.

**Changes to postnatal care** – it was clear from many of the comments received that over many years the inpatient postnatal care received at Helme Chase had been very much valued by local women and their families. One woman commented that it was the inpatient postnatal care that made Helme Chase special.

There were also comments about mixed messages around how long women could stay in the unit after delivery and a lack of understanding about the postnatal care provided at home.

While one service user spoke positively about being at home within hours of delivery, she expressed concerns that the postnatal care arrangements were not what she would have expected.

NHS Cumbria CCG and the Trust recognise that women have valued the postnatal care provided over many years at Helme Chase. This was seen in emails, in comments made at meetings and in the independent research.

However, over time the way maternity care is provided has changed with a national shift towards women who have had straightforward deliveries and who do not need any clinical care after the birth being discharged within hours and individualised postnatal care being provided at home.

Community midwifery staff can be flexible about the level of postnatal care a woman receives at home, depending on her needs. Such care can be provided by experienced clinical support workers or midwives. Also, if needed, for example, if a woman is struggling with breast feeding she can be invited to come into Helme Chase during daytime hours to receive support.

One of the ideas currently being developed, in response to comments received during engagement activities, is a breast feeding café at Helme Chase.

In terms of how long women stay in the unit after the birth, again there is flexibility within the interim arrangements. For example, if a woman delivered her baby in the early hours of
the morning and perhaps had some difficulty establishing breast feeding, she could stay in the unit during day time hours if it was thought that this might be beneficial.

**Confidence in the on call service** - there was a small number of comments reflecting concerns about difficulties in contacting the on call midwife, in particular from two recent service users.

There were also a number of comments that during the out of hours period, women in labour were arriving at Helme Chase ahead of the midwife.

NHS Cumbria CCG has asked the Trust to respond specifically to these concerns and to provide an action plan for how they can be addressed.

Both NHS Cumbria CCG and the Trust recognise how important it is that women and their families have confidence in the on call service.

The Trust is now exploring the development of a centralised number for all three maternity sites.

The system currently in place is that when a woman rings the unit out of hours the call is diverted to the on call midwife. If the midwife is unable to take the call, for example, if she is driving or if she is supporting a woman in labour and cannot step away to take a call, the person calling receives an answerphone message. This message includes the numbers of the two consultant-led units at Barrow and Lancaster.

The woman would then be able to speak to an experienced midwife who would be able to offer her advice which would depend on the stage of her labour.

In terms of women arriving at the unit ahead of the on call midwife, this should not happen. When the woman makes contact with the on call service, there is a conversation over whether the woman
would prefer the midwife to assess her in her own home, or whether she should head for Helme Chase. During that conversation there is an agreement over what time the midwife will meet the woman at the unit.

The majority of midwives who work at Helme Chase live a short distance from the unit.

The Trust recognises that it is important for the arrangements about how to contact the on call midwife to be made absolutely clear in all communications (written and verbal) for women who are planning to use Helme Chase.

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<tr>
<th>Staffing capacity and unit’s ability to care for more than one woman in labour at any one time</th>
<th>The escalation policy that has been in place since the introduction of the interim arrangements has not changed to that used when staff were in the unit overnight and at weekends. Prior to December 2014 there would have been occasions when the resident midwife was caring for a woman and her labour was at such a stage that it would not have been safe to admit another woman in labour. However, it is rare for multiple women to be turning up at the same time, given the small numbers who have been using the unit over a number of years.</th>
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<tbody>
<tr>
<td>Increased pressure on the consultant-led units</td>
<td>There is no doubt that the consultant-led units at Barrow and Lancaster are busy units. The majority of pregnant women deliver their babies in these units, some by choice and others because they are considered to be high risk and need</td>
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pressures. additional monitoring throughout the pregnancy, labour and delivery.

However, these units are properly resourced and operate in line with national guidance and best practice.

There is also close working across all three units. So, for example, if a woman considered to be low risk was booked to birth at Royal Lancaster Infirmary and the unit was experiencing a peak in activity, she would be offered the opportunity to go instead to Helme Chase. There are examples of where women have been happy with this arrangement.

| **Changes driven by costs** - there were a number of comments which indicated a perception that the interim change and the proposal to make it permanent were being driven by finances. | The main priority for both NHS Cumbria CCG and the Trust must always be around ensuring a safe and sustainable service. The change was never about saving money but about making the best use of available resources.

The interim change happened at a time when there were recruitment difficulties at Helme Chase, there were decreasing numbers of women choosing to deliver their babies there and opting instead one of the consultant-led maternity units where the full range of services are available, including epidurals. At the same time the Morecambe Bay Investigation was ongoing which resulted in major pressures across the Trust’s maternity services. On the one hand staff were not being used effectively at Helme Chase with midwives available overnight and at weekends in the unit when often there were no mothers and babies to care for, and on the other, the |
consultant-led services which are used by the majority of women, including those from Kendal, were under great pressure.

Since that time the Trust has been on a journey of improvement in terms of overall maternity care, with concerted efforts taking place to ensure that all women – low and high risk – receive the safest and best possible care going forward.

As such a number of improvements overall have been made to the care provided and the increased midwifery time that has been saved at Helme Chase has helped with that process.

These improvements include greater flexibility around antenatal appointments with clinics now taking place during evenings and weekends and greater continuity of care so that women do not see several different midwives.

Work has recently started on the new £12 million maternity unit at Barrow which will have both consultant and midwifery-led services. The unit is being designed with input from services users to make sure it meets their needs and wishes as much as possible. It is due for completion by December 2017 with an opening date likely to be in early 2018.

It will include 14 en-suite birthing rooms, two dedicated theatres, a Special Baby Care Unit, Maternity Assessment and a Bereavement suite.

| Women being discouraged from using | Women who are expected to have a straightforward pregnancy, labour and |
Helme Chase delivery are eligible to deliver at Helme Chase. During early discussions with their midwife, pregnant women make a decision over where they will birth. In the Kendal and surrounding areas, such discussions involve the midwives who work out of Helme Chase and who provide the labour and delivery service at the unit.

Also, during early discussions with pregnant women from Lancaster and Furness, the midwives outline the various options available to them over place of delivery, including Helme Chase if they are not expected to have any complications during their pregnancy, labour and delivery.

However, it should be noted that in recent years there have been changes in national guidance which have resulted in fewer women being eligible to birth in a standalone midwifery-led unit. Such guidance exists to ensure the best and safest possible care to meet the specific needs of the mother and baby. All NHS organisations providing maternity services must ensure that this guidance is followed.

Also, some women who are eligible to birth at Helme Chase actually choose to deliver at one of the consultant-led units where they can have an epidural and where there are obstetricians and other specialists available should any complications occur.

| Transfers to consultant-led units at Barrow and Lancaster – during | Arrangements for ambulance transfers are exactly the same as those that |
Discussions at the Town Council there were questions asked about transfer times to the consultant-led units at Barrow and Lancaster.

Existed before the interim changes were introduced.

If a woman chooses to birth at Helme Chase and the labour does not progress as expected or if she decides that she would like an epidural, arrangements are made for her to be transferred by ambulance to one of the consultant-led units.

However, it should be stressed that there is careful monitoring of women in labour and if there are any indications that clinical intervention might be needed, arrangements are made at the earliest convenience for an ambulance transfer to Lancaster or Barrow. Such transfers are rarely made in emergency situations.

Also, all transfers are logged as incidents and are closely monitored by the Trust.

Finally, the Trust announced at the beginning of October 2016 that it was working with North West Ambulance Service to offer paramedics the opportunity to observe the work of midwives on a busy maternity unit.

This means that paramedics can spend time at Royal Lancaster Infirmary maternity unit to help develop their own knowledge and skills, which in turn will help them deal with delivering a baby should a 999 response be requested.

As part of their formal training all newly qualified paramedics receive basic training on how to deliver a baby but some of the more experienced paramedics, who may have qualified a
few years ago, may not have seen a birth or helped to deliver a baby for some time.

| **Communication about the services available at Helme Chase** - comments received during the consultation, particularly through the independent research indicate that some women and their families are not aware of the full range of services available at Helme Chase. |
| As outlined above, the Trust has already begun stepping up efforts to raise awareness of the services available at Helme Chase. These include a new website, greater use of social media (which was identified during the independent research as the best way to communicate about the unit), more publicity and tours of the unit so that women and their families can see for themselves the services that are available. A virtual video tour of the unit, which will be available on the website, is currently being finalised. The Trust also continues to work closely with the MSLC which is also committed to supporting the Trust to raise awareness about the unit. |

| **Impact of changes on midwives** – some of the comments, particularly from someone who used to work in the unit referred to midwives being exhausted as a result of the interim change. She commented that the quiet times in the unit before the interim was introduced allowed them to catch up on paperwork and training. |
| Both NHS Cumbria and the Trust are aware that the interim arrangements represented a new way of working for the midwives. As such there has been regular liaison with the midwives, with the local representative of the Royal College of Midwives and with the Trust’s workforce department. The frequency of the on call rota has been reduced by including community midwives from Lancaster and Barrow. Also, it should be noted that the interim change has not affected recruitment. The Trust has recruited a further five midwives and two support workers at Helme Chase. In addition, some |
midwives who had already planned to retire have either chosen to work on the midwifery bank or have come back on a part-time basis and participate in the on call rota.

**Monitoring satisfaction levels** – the Town Council asked how satisfaction was monitored.

Satisfaction levels are monitored in a number of ways, including through national surveys, the Family and Friends Test and through iWantGreatCare (an online system for recording comments that was introduced by NHS Cumbria CCG and the Trust around two years ago).

The Trust has also invested time and energy to working with the MSLC and is grateful to the support it receives in terms of seeking feedback from local women about their own experiences but also about how services can be developed and improved.

**Independent scrutiny over the proposal and development of maternity services** – one respondent in particular felt there was a need for independent scrutiny.

Maternity services across Cumbria have been subject to a substantial amount of independent scrutiny and external review over the past few years.

The Morecambe Bay Investigation resulted in intense and prolonged independent scrutiny of the services provided by the Trust. Following the investigation the Trust has worked hard to implement all recommendations to improve the quality of care for all women using its maternity services.

At the same time there was an independent review of maternity services across Cumbria by the Royal College of Obstetricians and Gynaecologists (RCOG). This was commissioned by NHS Cumbria CCG to
seek expert and independent advice on how safe and sustainable services could be provided going forward given the considerable challenges being faced in sustaining four consultant-led maternity units across the county.

Following this review, there was significant work across the University Hospitals of Morecambe Bay NHS Foundation Trust and the North Cumbria University Hospitals NHS Trust to address the recommendations outlined in the RCOG report.

There were visits to both Trusts during the national review of maternity services during 2015, commissioned by NHS England, which included a focus on the provision of maternity care in rural areas.

Like other NHS Trusts, the Trust is also subject to inspections by the Care Quality Commission (CQC). The last CQC report which published a year after the interim changes had been introduced commented very positively on the quality of care provided at Helme Chase.

In terms of the proposed service change at Helme Chase, there has been scrutiny by the Cumbria County Council health scrutiny committee.

7. Conclusion

NHS Cumbria CCG made efforts to raise awareness about the consultation, targeting women and families with recent experience of maternity services as well as others with an interest in the provision of local health services. A number of different methods were used, including sharing information widely by email to local organisations, including schools and children’s centres, and service users, posts on social media (which the independent research showed was the best way of reaching...
the target audience), media, which resulted in newspaper, radio and television coverage (with ITV Border attending the public event organised by the MSLC) and it also commissioned independent researchers to interview more than 90 women. In addition, the MSLC arranged a public event which was widely publicised and representatives from NHS Cumbria CCG and the Trust attended a meeting of Kendal Town Council.

During the consultation period, a relatively small number of members of the public (14) submitted comments and there were also comments received from the Town Council and the MP.

Of those 14 members of the public responding, five were clear that they did not support the interim change being made permanent. This was also clear in the correspondence received from the Town Council and the MP.

In terms of the independent research, just over half said they agreed with the change being made permanent and a further 19% were undecided. When independent researchers asked how important it was to make the best use of resources, women said that it was extremely important.

Overall, it is clear from those who participated in the consultation that Helme Chase has been and continues to be held in very high regard by women and families in the Kendal and surrounding areas.

People have very much valued in the inpatient care that was provided following delivery, with one woman commenting that this is what made Helme Chase special. However, the change is in line with national guidance and with the national and local drive for people only to stay in hospital (including for maternity services) when they need clinical care and for more care to be provided at home and in the community. The postnatal care that is being provided in the community can be tailored to an individual woman’s needs and the Trust, in response to feedback received, is listening to local women to help further develop this care, for example, by planning to start a breast feeding café at Helme Chase and inviting women into the unit during day time hours if they need extra support.

It is also clear from the comments received that there is a strong underlying concern that if the numbers of women birthing at the unit continue to fall, that it will cease to become viable and will close. Both NHS Cumbria CCG and the Trust have said they are committed to raising awareness about the services provided at the unit and already there have been considerable efforts to raise the profile of the services provided there. The local NHS continues to work closely with the MSLC which is also committed to raising awareness of the unit. The independent research showed that
these efforts need to continue as some of the participants were not aware that Helme Chase still provided a 24/7 labour and delivery service.

The local midwives are also developing more services, such as aromatherapy, to make the unit more attractive and it was clear from the independent research that efforts to promote water births had been successful with a high level of awareness of this particular service.

There were a small number of comments about difficulties in contacting the on-call midwives. In response, the Trust has said that it is looking at introducing a centralised telephone number for maternity services.

Others were concerned that the women sometimes arrive at the unit before the out of hours midwife. In response the Trust is stepping up the information it provides (verbal and written) to ensure that women understand that the decision about what time to come into the unit is agreed between them and the on call midwife when the initial call is made from the woman to say that she is in labour. During this telephone conversation, the midwife can suggest that she attends the woman in her own home first.

Some felt that the change was being driven by costs and reassurances have been given that this was absolutely not the case. Substantial investment is taking place in the maternity services provided by the Trust, including the development of a new £12million maternity unit at Barrow.

Some also felt that women were being discouraged from using the unit, although it is the midwives who they spoke so positively about who have the discussions with them about place of birth. One service user commented that it was the changes in national criteria over the women now suitable to deliver in a standalone unit that were responsible for the reduction in numbers. Such national guidance exists to ensure the safest possible care for the woman and the baby and must be adhered to.

There were comments about the midwives being exhausted but since the interim change there has been ongoing contact with the Royal College of Midwives to ensure any issues could be addressed, including reducing the rota by including community midwives from Lancaster and Barrow. Also, there have been no difficulties in recruiting midwives to work in Helme Chase since the interim change was made.

There were questions about satisfaction levels and reassurances have been given that these are carefully monitored and in fact show high levels of satisfaction.

One service user in particular contacted NHS Cumbria a number of times, including through her MP. One of her concerns was that the proposal and the development of
maternity services had not been subject to external scrutiny. In fact, there has never been as much oversight and scrutiny of maternity services in Cumbria as there has been in recent years, with the Morecambe Bay Investigation and the independent review carried out by the Royal College of Obstetricians and Gynaecologists (RCOG). The team which carried out the national review of maternity services also visited Cumbria, including Helme Chase and the proposal has been subject to the scrutiny of Cumbria County Council’s health scrutiny committee.

Finally, it is important to note that the interim change at Helme Chase was made at a time when the maternity services provided by the Trust were under severe pressure and needed to make the best use of resources to ensure safe and sustainable services for women living across its whole catchment area. At that time there was already a trend of decreasing numbers of women using Helme Chase, with the majority of women delivering their babies in one of the two consultant-led units.

During this time a priority for the Trust has been to develop mechanisms for engaging local woman and it sought expert advice from the then chair of the RCOG Women’s Network. As such engaging women is now embedded as a way of working across maternity services and their views are helping to inform all future developments, including the design of the new consultant-led unit at Barrow, which will also include midwifery-led care, and which is due for completion next year. The Trust is also striving to ensure greater continuity of care for all women throughout their pregnancy which was a key recommendation in the national review report.
For more information contact...

name. Eleanor Hodgson, Director for Children and Families
address. Lonsdale Unit, Penrith Hospital, Bridge Lane, Penrith, Cumbria, CA11 8HX
tel. 01768 245486
e-mail. Eleanor.Hodgson@CumbriaCCG.nhs.uk
Dear Sir/Madam,

I write to submit the below as a response to the Helme Chase consultation:

The maternity unit at Helme Chase provides a fantastic service to women across the South Lakes area. Indeed, having seen my own children delivered at the unit, I know from personal experience just how important this service is.

I am therefore extremely concerned about these proposals to remove 24hr permanent cover from the unit, as well as to remove post-natal care from the unit. Since these changes were first trialled, I have heard some very concerning accounts of local women who have arrived at the unit to give birth, only to find that the midwife is not yet there. This sort of experience will significantly undermine public confidence in the unit.

These changes send out a very damaging message that the level of care at the unit is being watered down, and it is therefore unsurprising that since these changes were introduced a significant number of women have voted with their feet and chosen to give birth elsewhere. I am extremely concerned that the level of service at the Helme Chase unit will be downgraded, and the number of women choosing to use the unit accordingly reduced, to such an extent that the unit will ultimately not be viable and will be removed from South Lakeland altogether.

It is essential that women are given choices about how they give birth, and the care and support they receive as part of this process. Given that these changes appear to be pushing more women to travel further from their homes to give birth at consultant-led centres in Lancaster and Barrow, it appears that these changes have been detrimental to this aim.

Last year, over 1000 local residents signed a petition against this change. I would urge the Trust to listen to the views of local people and reconsider their decision to remove permanent overnight cover on the unit.

Yours sincerely

TIM FARRON MP
While Tim Farron MP will treat as confidential any personal information that you pass on, he will normally allow staff and authorised volunteers to see it if this is needed to help and advise you. He may pass on all or some of the information to external agencies if this is necessary to help with your case. Tim Farron MP may wish to write to you from time to time to keep you informed on issues which you may find of interest. Please let him know if you do not wish to be contacted for this purpose.
5 October 2016

Dear Ms Hodgson

HELME CHASE MIDWIFERY-LED UNIT, KENDAL

I am writing on behalf of Kendal Town Council. At our October Council meeting there was an item on the Helme Chase midwifery-led unit consultation on the proposal to make permanent the interim change to opening times of the unit.

After discussion Council resolved to oppose the permanent change.

Council understand that this proposal is largely driven by cost and the pressures on the NHS. However, it is our opinion that this would be a retrograde step and represents the continued salami slicing of services in Kendal until shortly there will be nothing left for our residents and those in the our large hinterland. The comment was made that the Better Care Together poster advertising “better services closer to you” was not true for Kendal residents.

We understand that the consultant-led units need to be in Barrow and Lancaster but we feel that there needs to be a midwifery-led unit in Kendal that is open 24/7. This would be for low risk births and helps relieve the pressure on the overstretched Barrow and Lancaster maternity units. There is also massive benefit to the service offered post-delivery in terms of recovery and support. The atmosphere is calmer and the early addressing of issues such as help with breast feeding will result in fewer GP and hospital hours dealing with later problems.

The experience of residents and in fact two Councillors who have very recently had children, is that women are being encouraged to go to Lancaster or Barrow over using Helme Chase. Not surprisingly this enables you to quote figures showing a reduction in the number of women using Helme Chase. The next logical step in a couple of years will be to show the unit is not used enough and needs to close. It’s easy to show a unit is not used if it is closed!
The fact that the unit will be unavailable weekends and overnight is the least helpful time. Trying to contact a midwife or travelling all the way to Barrow or Lancaster at night can be stressful. One Councillor reported that at 2am in the morning it took three attempts to contact the midwife and he thought they would at one point have to get in the car and go to Barrow.

Council also resolved to invite a representative(s) from the CCCG to our next Council meeting on Monday 7 November at 7.30pm at Kendal Town Hall to present on the proposed changes and hear our views. I have emailed your Communications Team already with an invitation.

At this meeting or separately, Council wishes to know whether any account has been made of the large numbers of new houses proposed for Kendal which will undoubtedly bring more families to the town. In addition, we would like to be supplied with data on how many mothers presenting at Barrow and Lancaster come from Kendal.

We look forward to working with you to ensure Kendal residents receive a quality, modern and most importantly local service.

Yours sincerely,

Liz Richardson
Town Clerk

Cc Cllr Stephen Coleman, The Mayor of Kendal
NHS Cumbria CCG – Helme Chase public consultation

December 2016

Executive summary

In December 2014, interim changes were put in place at the Helme Chase midwifery-led unit at Westmorland General Hospital which resulted in the implementation of an out-of-hours on call service for labour and delivery with postnatal care being provided in women’s own homes. Women who are classed as low risk (i.e. not expected to have any complications during pregnancy, labour and delivery) are eligible to give birth at the facility. Explain was commissioned by NHS Cumbria CCG in 2016 as part of a consultation process on a proposal to make the interim changes permanent.

A survey was conducted with the aim of meeting three key objectives:

- Understand the level of awareness of services available at Helme Chase
- Understand the perception of interim changes and concerns women might have
- Gauge level of support for changes being made permanent

The chosen methodology was face-to-face interviews conducted on-street, as this allowed for a more personal approach to the research. To supplement the questionnaire, respondents were given a showcard which outlined the key information about the interim changes at Helme Chase. The interviewer was based in Kendal with the aim of engaging women who lived in Kendal and the surrounding areas. In total, 93 on-street surveys were completed with local women. 50 of these women were mothers with children under the age of six, and 43 were women who were planning to have children in the future.

The key demographics of respondents were as follows:

- 54% of the respondents were mothers with children under the age of six. 46% were women with no children, or with children over the age of six who were planning to have children in the future.
- Over half (59%) of respondents lived in Kendal, and 41% were from the surrounding areas.
44% of respondents were aged 20-29, 43% of respondents were aged 30-39 and 13% were aged 16-19

Use of Helme Chase by local women

Of the respondents who classed as mothers, 43% (please note, this figure includes the one respondent who fell into both categories) had used Helme Chase unit when they gave birth.

Of the 43 future mothers, 23% planned on using Helme Chase when they give birth. However, 51% were yet to decide.

Women who used Helme chase when they gave birth or planned to use Helme Chase when they give birth were more likely to live in central Kendal than in the surrounding areas (82% and 100% respectively).

Services being offered and developed by Helme Chase

When looking at how aware local women were of the services offered at the Helme Chase unit, scores were generally middling, ranging from 46% to 67%. Overall the service women were most aware that Helme Chase offered was ‘antenatal care’ (67%), followed closely by ‘scans’ (66%), while awareness was lowest for ‘parent education’ (46%). There was a trend towards those women in the ‘mother’ category being more aware of the services offered by the unit than future mothers. Of the services that the unit currently offers respondents considered all to be extremely important to them with ‘antenatal care’, ‘scans’, ‘24-hour delivery’ and ‘postnatal care’ all achieving a mean score of 10 out of 10. ‘Parent education’ followed closely behind, attaining a mean importance score of 9.9 out of 10. There was a lack of awareness amongst respondents that Helme Chase was open 24 hours a day for labour and delivery (26% were aware).

In terms of services currently being developed by the team at Helme Chase, respondents showed the highest level of awareness towards ‘water birth’ services (47%). This was consistent for both mothers and future mothers (62% and 30% respectively). Again, there tended to be lower levels of awareness towards services being developed amongst future mothers.

Healthcare priorities

The most important healthcare priority for local women was having the choice to stay in Helme Chase after giving birth, with a mean importance score of 9.5 out of 10. For women who felt it was important to have the choice to stay in Helme Chase after giving birth, common themes in
responses included that it was good to be given that choice, it was good for their personal wellbeing and preferring to stay closer to home.

Other healthcare priorities were considered less important, but clearly still mattered to the women interviewed. Having their healthcare led by the same small team of professionals, and having the same midwife during pregnancy and delivery scored 6.7 and 6.1 out of 10 respectively. Women who felt these factors were less important commonly cited that all midwives and healthcare professionals are highly trained, and capable of doing the same job. For these two healthcare priorities, it was apparent that as respondents increased in age they were more likely to consider these factors important.

It was also extremely important to respondents that the NHS makes efficient use of its resources (a mean score of 9.99 out of 10).

Support for making the interim changes at Helme Chase permanent

Overall, it was found that over half of respondents supported the interim changes at Helme Chase being made permanent with a further 19% undecided. The respondents who were most likely to support the changes being made permanent were aged 29 or under (58% amongst both 16-19 and 20-29 age groups), or were women from the ‘future mothers’ category (54%). The group least likely to support the changes was women with children aged 1-2 years (39%). When looking at the women who did not support the changes being made permanent, a higher proportion lived more centrally in Kendal despite the number of local women using Helme Chase having decreased over the years. The third (29%) of respondents who did not support the changes being made permanent commonly cited that Helme Chase should be made fully operational, and they did not want to have to travel further away to give birth.

If these changes were to be made permanent, the preferred channel for promoting the unit was on social media. Other suggested channels included television and face-to-face through healthcare professionals in hospitals, doctor’s surgeries and in the local community.