

START WELL

Proposed changes to maternity and neonatal care services in North Central London





North Central London
Integrated Care System

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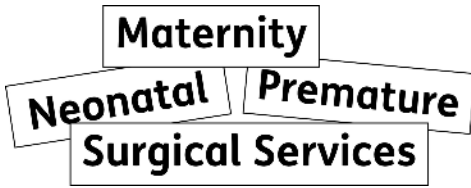
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About us



We are North Central London Integrated Care System.



We work with services so they can improve the health of people.

We work with:



- local health and care organisations
- councils
- voluntary, community and social enterprise groups.



This document is for people living in North Central London which is Barnet, Camden, Enfield, Haringey and Islington and people in surrounding areas who use our services.



We want people living in North Central London to:

- start life well



- live longer in good physical and mental health



- grow old in their community where they feel connected and supported



- die with dignity.



We really want to find out about **health inequalities** in our communities.

Health inequalities are differences in people's health. This may be because of where they live, their education, how much money they have.



This is not fair.



We want everyone to Start Well, Live Well, Age Well.

This document is about Start Well.



We are working with NHS England to look at **maternity, neonatal, and children's surgical services**. This is because they are responsible for some of the services where we are suggesting a change.



Maternity care is about the health of women or people during pregnancy, childbirth and after their baby is born.



Neonatal care is care a hospital gives a baby born early or sick.



Surgical services treat people who are ill or injured.



This is a **consultation** document.

Consultation means we want you to tell us what you think, which will help us decide whether we need to make any changes to our proposals and what to do next.



We will tell you about ideas we have about how we think we could make services better and we will ask some questions.



The questions are about:

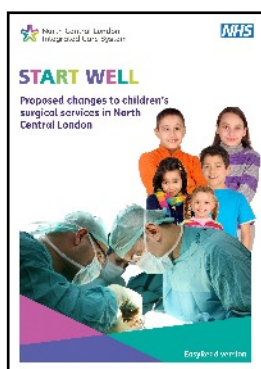
- maternity and neonatal care



- children's surgery.



This document is about maternity and neonatal care.



There is another document about children's surgical services.



You can answer the questions about everything or just pick 1.

You can contact us



by email at:
StartWellConsultation@ors.org.uk



by phone on:
0800 324 7005

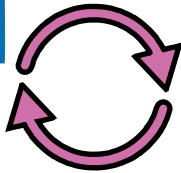


by sending a letter for free at:
**FREEPOST SS1018,
PO Box 530,
Swansea, SA1 1ZL**



our website is:
nclhealthandcare.org.uk/start-well

The questions



As you read through this document please think about these questions:

- Do you agree that the NHS needs to make changes to make these services better?



- How much do you agree or disagree with our proposals?



- Do you think there are any problems with our proposals? Tell us how we can do it better.



- Is there anything else we need to think about before we make a decision? Or anything we have missed out?

Maternity and neonatal care in North Central London



Maternity care is about the health of women or people during pregnancy, childbirth and after their baby is born.



Neonatal care is care a hospital gives baby born early or sick.

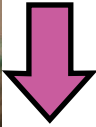


Our staff work hard to provide good care across North Central London.



We think we can make our services even better for our patients using our services, their families, carers, and our staff.

Reasons we are thinking about changes to maternity and neonatal care services



1. The needs of local people are changing.

- fewer babies are being born



- the care people need during pregnancy and after birth is now more complicated.



2. Our services cannot meet the needs of everyone that uses them.



3. We need to make sure there is the right type of neonatal care in the right places.

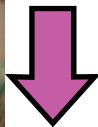


- 2 of our neonatal units that care for the most **premature** and unwell babies are often full so babies sometimes need to go to units further away from home.

Premature means when a baby is born early.



- But half of the cots at another neonatal unit are not being used because they cannot look after babies with who have more complicated needs.



4. There are very few births at Edgware Birth Centre.



5. In some hospitals we need to:
 - add en-suite bathrooms to labour rooms



- make neonatal units larger so parents can comfortably spend time with their baby.



6. We don't have enough staff in midwifery and neonatal nursing and this can affect the care people have and choices about where they have their baby.



People told us these things are important to them:

- safe and kind maternity care with good communications



- the best possible neonatal care services delivered by specialists with good communications.

What we plan to do for neonatal and maternity services



How we developed our proposals

We listened to senior doctors, nurses, patients and patient representatives about maternity and neonatal services.



We looked at different ways to work out the best location of the neonatal and birth units.



We agreed we should keep UCLH as the site the **neonatal intensive care unit** (level 3).

A **neonatal intensive care unit** looks after the most **premature** and sick babies.

Premature means born early.



It was agreed it would be very difficult to move this unit and there are other specialist services on this site.



We thought about:

- quality of care



- our staff



- access to care



- value for money.

Neonatal care

Our units have 3 levels of care for new-born babies.

Level 1: is special care for new-born babies who are unwell but do not have the most complex needs.





Level 2: is for babies who need more care.



Level 3: is for the most premature and unwell babies.

5



We currently have 5 neonatal units.



We know more babies with complex needs are being born.



To make the best use of our hospitals we propose no longer having a level 1 unit.

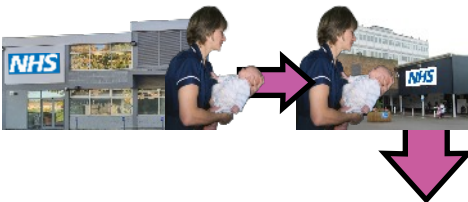


There will still be 3 level 2 units and 1 level 3 unit.



Reasons for proposing these changes:

- all the units would share the work and staff would see enough babies to keep practising their specialist skills



- fewer babies would be moved to a different hospital to get the care they need



- we would make best use of our limited specialist staff.

Maternity care

There are different ways to have your baby:



- births led by a specialist doctor called an **obstetrician**

An **obstetrician** is a specialist doctor who cares for pregnant women and people.



- **midwife**-led birth.

A **midwife** is a person who is who are trained to give women support, care and advice during pregnancy, labour and after the baby is born.

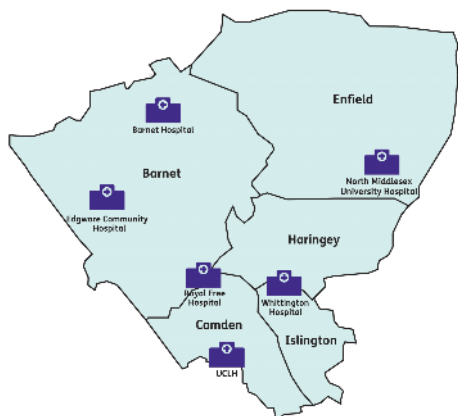


- home birth.



At the moment the maternity care units are:

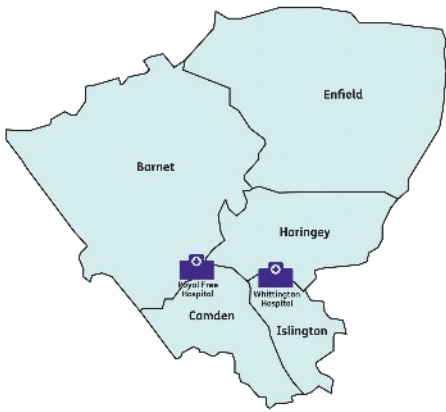
1. Barnet
2. North Mid
3. UCLH
4. Whittington Hospital
5. Royal Free Hospital
6. Edgware Birth Centre.



We are suggesting that Barnet, North Mid and UCLH would keep offering births led by a specialist doctor and midwife-led births.



We propose to close maternity and neonatal services at 1 hospital.



This would be either Whittington Hospital or Royal Free Hospital.



This would leave neonatal and maternity care units at 4 hospitals.



In our 4 hospitals you will have your baby with a specialist doctor or a midwife.



You would still be able to have your baby at home in North Central London.



We are proposing to close the birthing suites at Edgware Birth Centre because:



- fewer babies are born there and it is not well used



- pregnant women and people who need more complex care may be told not to have their baby there



- you would still be able to have antenatal and postnatal care at Edgware Birth Centre.



The proposal to close Edgware Birth Centre is separate from the decision about other proposals for hospital-based maternity and neonatal care.



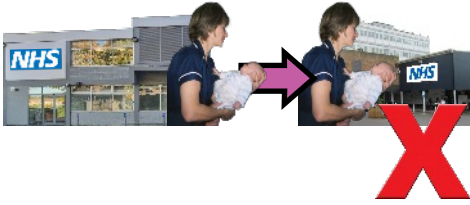
We know that some people will not agree closing Edgware Birth Centre.

Let us know if its closure would affect you and how we can help you.



Do you have ideas about Edgware Birth Centre that you think we may not have considered?

Why we are proposing these changes



- All units led by an obstetrician or a midwife would be next to a level 2 or 3 neonatal care unit so we wouldn't have to move babies to other hospitals after they are born.



- We could make the best use of our skilled staff.



- Pregnant women and people would still have a wide range of care during and after their pregnancy.

What we want you to tell us



We want you to tell us which neonatal and maternity care unit you think we should close:

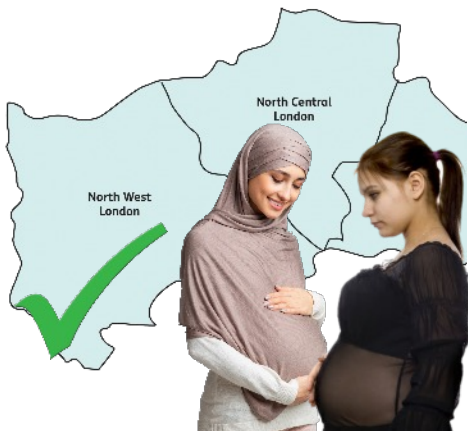
- Whittington Hospital
- or
- Royal Free Hospital.



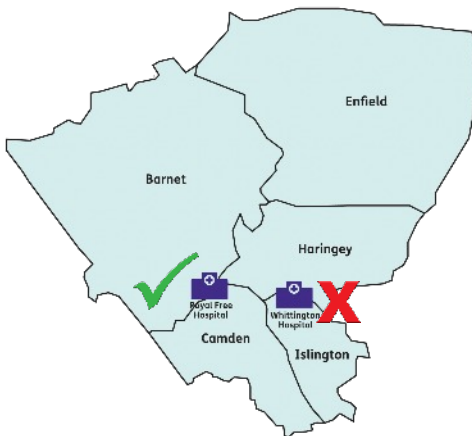
We think that keeping Whittington Hospital maternity and neonatal service open and closing services at the Royal Free is a better option because:

- fewer doctors, midwives and nurses would need to move between units





- hospitals in North West London have told us they have room for some extra pregnant women and people giving birth at their hospitals.

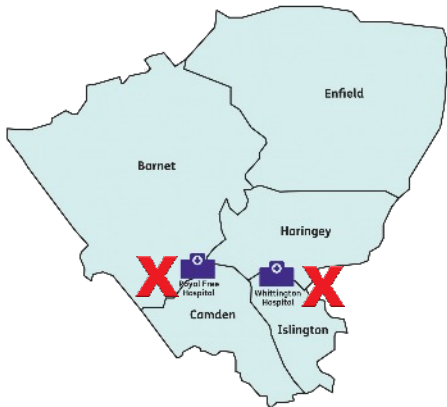


We think that keeping Royal Free Hospital maternity and neonatal service open and closing services at the Whittington Hospital is a less good option because:



- some pregnant women and people would have to go to hospitals in North East London that are already very full and would find it hard to manage many more births.

Here are some more things to think about



1. Closing either the maternity and neonatal services at Whittington Hospital or Royal Free Hospital in the future would mean:



- everyone would still have nearby care before and after having a baby



- you could still have your baby at home



- we would still give pregnant women and people privacy and dignity

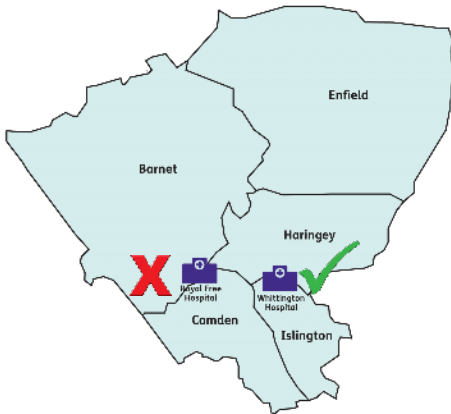


- we would provide support to keep some babies who need care at home through a service called a **virtual ward**

A **virtual ward** is hospital-level care for people in their own homes.



- we would try to give extra help if people need it.



2. If we keep Whittington Hospital open and close Royal Free Hospital in the future:



- we would support doctors, nurses and midwives to work at the hospitals that deliver maternity and neonatal care



- some patients would have around 4-6 more minutes to travel on average to the hospital



- some patients would pay about £5 on average more for a taxi to the hospital



- some patients may go to Northwick Park Hospital in Harrow as this hospital would now be closer and some patients might go to St Mary's Hospital in Paddington as it would be closer



- we would improve the buildings in our hospitals, including the Whittington Hospital, which would cost about £42 million.



3. If we keep the Royal Free Hospital open and close Whittington Hospital in the future:



- the neonatal unit would be upgraded to a level 2 unit



- we would support doctors, nurses and midwives to work at the hospitals that deliver maternity and neonatal care



- some patients would have around 5-7 more minutes to travel on average to the hospital



- some patients would have to pay about £4.43 more on average for a taxi to the hospital



- more patients might go to Homerton Hospital in Hackney

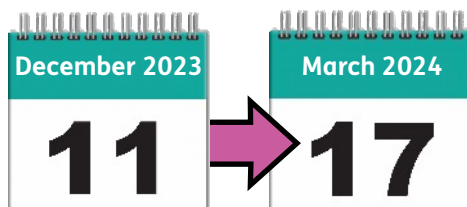


- we would improve the hospital buildings which will cost about £39.4 million.

What happens next?



We want to know what people think about our ideas.



Our consultation runs from **11th December 2023** until 12pm on **17th March 2024**.



After the consultation we will ask an organisation to write a report for us.



We will use your feedback and other information to decide what to do by autumn/winter 2024/2025.

What the words mean

Complex means complicated.

Consultation means we want you to tell us what you think, which will help us decide whether we need to make any changes to our proposals and what to do next.

Deprived people living in deprived areas have less money.

Health inequalities are about differences in people's health. This may be because of where they live, their education, how much money they have.

Maternity care is about the health of pregnant women and people during pregnancy, childbirth and after their baby is born.

Midwife is a person who is who are trained to give women support, care and advice during pregnancy, labour and after the baby is born.

Neonatal care is a hospital gives baby born early or sick.

A **neonatal intensive care unit** looks after very premature and sick babies.

Obstetrician a specialist doctor who cares for pregnant women and people

Premature means a baby is born before its due date.

Surgical services treat people who are ill or injured.

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