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Proposed changes to maternity and neonatal services in North Central London

Public consultation feedback report: EXECUTIVE SUMMARY

Opinion Research Services

November 2024

Opinion Research Services

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Note

This document talks about services provided at hospital sites in NCL. It largely covers services provided at Whittington Hospital (part of Whittington Health NHS Trust), University College Hospital (part of University College London Hospitals NHS Foundation Trust [UCLH]), North Middlesex University Hospital (part of North Middlesex University Hospital NHS Trust), Barnet Hospital and Royal Free Hospital (both part of Royal Free London NHS Foundation Trust).

Acknowledgements

ORS would like to thank the large number of service users, residents, NHS staff and other stakeholders who took part in the numerous activities carried out during this consultation, without whose valuable input this executive summary and the full report of findings would not have been possible. We would also like to thank the North Central London Integrated Care Board engagement team for their help and assistance throughout the consultation programme.

Executive summary

Introduction

North Central London Integrated Care System (NCL ICS) brings together local health and care organisations, councils, and the voluntary, community and social enterprise sector to work in joined-up ways to improve health outcomes for residents in Barnet, Camden, Enfield, Haringey and Islington. The NCL Integrated Care Board (ICB) is responsible for developing a plan to meet the health needs of the local population, managing the NHS budget for the ICS, and arranging for the provision of local health services.

In 2021, the NCL ICB Board initiated the Start Well programme to ensure that hospital-based maternity, neonatal and children's surgical services in NCL are fully meeting the needs of those that use them. A 'case for change' was prepared setting out current challenges facing these services and opportunities for improvement; six 'best practice' care models were then developed through the Start Well programme, based on the case for change, which could use changes to how and where these services are delivered in NCL to address challenges and ensure good outcomes for service users and patients.

The models of care, which included proposals for site-specific changes, were then assessed through an options appraisal process that involved a range of stakeholders, including clinical leaders, staff members and member of the public (among others). The final proposals were then taken to public consultation in late 2023. It should be noted that some of the specialised services, for example neonatal care and some specialist surgery, are commissioned by NHS England's specialised commissioning team; NHS England has therefore been involved in the work from the outset and NCL ICB and NHS England jointly consulted on the proposals.

The proposals for maternity and neonatal services are distinct from those for children's surgical services; two reports have therefore been produced using a similar structure for both. The feedback arising from the public consultation on the proposals for changes to maternity and neonatal services in NCL is summarised here and explored in detail in the full feedback report; a separate report covers feedback for children surgical services[1].

The proposals

The proposed model of care for maternity and neonatal that was the subject of the public consultation, as laid out in the Start Well consultation documentation:

- **reduces the number of maternity and neonatal units in NCL overall**: the NHS states that this would increase birth numbers and make sure that all NCL neonatal units are caring for enough babies for the units to work efficiently
- **ensures that all neonatal units are at least level 2**, with one level 3 Neonatal Intensive Care Unit (NICU) so that all sites have the specialist staff to care for the needs of premature or unwell newborn babies: the NHS states that this would reduce the need for emergency transfers to another hospital which can sometimes mean separating babies from their parent
- **proposes investment in NCL hospital buildings** to enhance birth experiences and improve the maternity and neonatal care environment
- would help the NHS in NCL to **facilitate and support birth choices more consistently** and would enhance midwife-led care alongside obstetric-led care on all sites

[1] Both full reports of feedback are available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

The proposed model of care would cover services provided at Whittington Hospital (part of Whittington Health NHS Trust), University College Hospital (part of University College London Hospitals NHS Foundation Trust [UCLH]), North Middlesex University Hospital (part of North Middlesex University Hospital NHS Trust), and Barnet Hospital and Royal Free Hospital (both part of Royal Free London NHS Foundation Trust).

Specific proposals were developed: namely that, in future, there should be **four neonatal units in total**, compared to the current five, with one of these being a level 3 unit caring for the most premature or unwell babies, plus three further level 2 units. There would be no level 1 units. It is also proposed that there should be **four obstetric-led birth units**, each with an alongside midwife-led unit, instead of the current five units.

The NHS determined that it should consult on two possible options for how to consolidate and better deliver maternity and neonatal care in the future:

» **Option A:** services would be provided at Barnet Hospital, North Middlesex University Hospital, UCLH and Whittington Hospital (with services no longer provided from Royal Free Hospital)

» **Option B:** services would be provided at Barnet Hospital, North Middlesex University Hospital, UCLH and Royal Free Hospital (with services no longer provided from Whittington Hospital)

Option A (i.e. consolidating the current five units onto four sites, with services no longer to be provided from Royal Free Hospital) was identified as the NHS's **preferred option**, on the basis that fewer staff would be required to move to a new location, as well as there being reasonable capacity for other hospitals in the north-west of London to absorb patients who would otherwise have attended Royal Free Hospital.

Based on the declining birth rate and growing numbers of moderate to high-risk pregnancies in NCL (meaning that obstetric care and support may be needed more often) the NHS has also developed a proposal to close the midwife-led birthing suites at Edgware Birth Centre. Midwife-led provision would continue to be provided in alongside midwife-led birth units at NCL hospitals providing maternity services and via home births.

The public consultation

The 14-week public consultation period, seeking feedback on the proposed model of care and options outlined above, ran from 11th December 2023 to 17th March 2024; service users, members of the public, NHS staff, organisations, and other stakeholders were invited to give feedback on the proposals. NCL ICB undertook a comprehensive communication and engagement programme to raise awareness of the consultation to ensure residents and other stakeholders knew about the opportunities to take part.

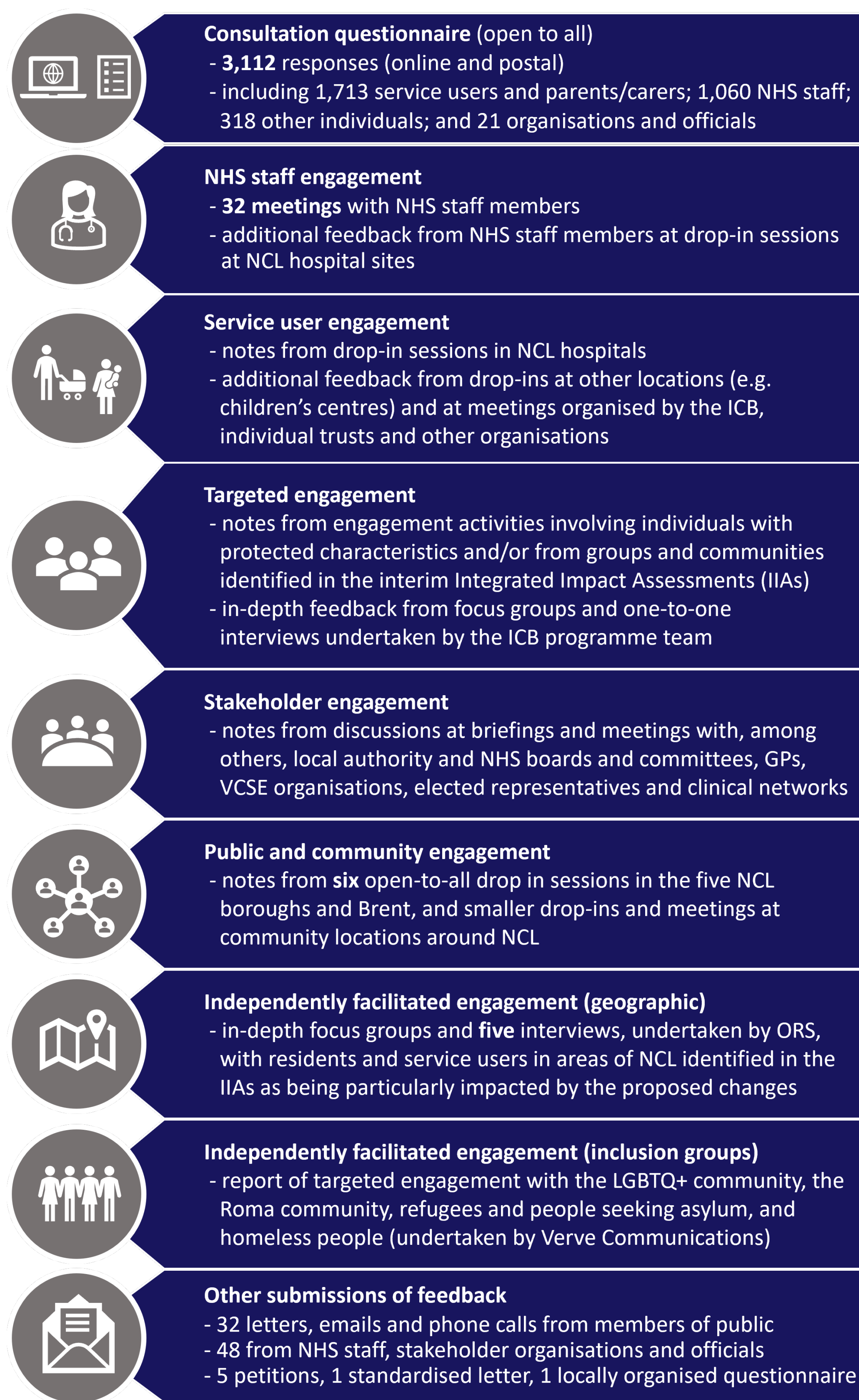
The consultation activities were delivered by a small team working for NCL ICB from both the Start Well programme team and the Communications and Engagement team (hereafter 'the ICB programme team'), with some very targeted activities undertaken by independent agencies. These activities are summarised in Chapter 1 of the full consultation feedback report prepared by ORS[2].

Consultees were provided with paper documentation or signposted to the ICB's Start Well consultation website: nclhealthandcare.org.uk/start-well. A range of information and resources was available, including the full consultation document and separate accessible versions (e.g. Easy Read, translations), and other relevant documents. Paper copies of documents were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email.

[2] ORS' full report is available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/. The programme is also described in more detail in the ICB's 'Methodology, Activity and Reach' report, available via the same link.

Consultation feedback channels and response

The infographic below describes the feedback collected during the consultation period on all of the proposals (for maternity and neonatal services as well as children's surgical services). It is the feedback from these activities that has been analysed and included in the two reports.



The nature of public consultation

Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

It should be noted, however, that consultations are not referenda or ’votes’ in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously consider the issues raised.

Opinion Research Services (ORS) was appointed to independently analyse and report the consultation outcomes, as well as to host the online questionnaire and undertake several independently facilitated focus groups and interviews with residents in areas that might be particularly affected by the proposals.

All types of consultation responses are important, and this executive summary and the full consultation feedback report present an independent analysis so that all of them may be taken into account. Some contributions have been highlighted based on at least one of the following aspects:

» relevant to and/or having implications for the proposal under consideration

» well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective

» deliberative – based on thoughtful discussion in public meetings and other group settings

» representative of the general population or particular localities, groups or points of view

» focused on the views from under-represented people or equality groups

» ‘novel’ – in the sense of raising ‘different’ issues from those being repeated by a number of respondents or arising from a different perspective

This executive summary and the full report also identify where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. It is not ORS' role, however, to 'make a case' for the proposals, or to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part.

Executive summary and consultation feedback report

Whereas this executive summary concisely reviews the full range of feedback received and brings together common themes, the full consultation report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the ICB's decision-making process. In the full report[3], each element of the consultation is considered in turn, which can at times be repetitive given that similar issues emerged across the different strands – but it is important that the full report provides an accurate reflection of all of the feedback received.

Key themes: the proposed changes to maternity and neonatal services

Quantitative feedback: the need for changes to maternity and neonatal services

When asked to indicate the extent to which they agreed or disagreed with the need for changes to be made to respond to the identified challenges, most individuals responding to the questionnaire either strongly agreed or tended to agree.

However, it is worth noting that somewhat higher proportions of respondents who were NHS staff agreed (70% of NHS staff working in NCL maternity, neonatal or children's surgical services; 75% of staff members working elsewhere in the NHS), compared with service users/parents/carers (66%) and local residents (58%).

Agreement with the need for change was lower among those living closer to Royal Free Hospital (59%) compared to those living closer to one of the other four hospitals providing consultant-led maternity care (more than seven-in-ten agreed). It was also lower among those living in the west of the catchment area (such as in Brent and Barnet) compared to those in the east of the catchment area (such as in Haringey and Islington).

Quantitative feedback: the proposed model of care

Most questionnaire respondents agreed with the suggestion that all neonatal units in NCL should offer the same minimum level of neonatal care (i.e. level 2). In particular, around four fifths of NHS staff agreed (81% of respondents working in NCL maternity, neonatal or children's surgical services and 78% of those working elsewhere in the NHS) as did around two thirds of service users/parents/carers (68%) and local residents (67%).

Views on the proposal to provide maternity and neonatal services from four locations rather than five were somewhat more mixed. Just under half of respondents who indicated that they were NHS staff members agreed with this (48% of NHS staff working in NCL maternity, neonatal or children's surgical services; 47% of staff working elsewhere in the NHS). Elsewhere, the majority responded negatively: only around a quarter of service users/parents/carers (26%) and a third of local residents (32%) agreed with maternity and neonatal care being provided at fewer sites.

In response to both questions on the proposed model of care, agreement was lower among respondents living closest to Royal Free Hospital and in Barnet, Brent, and Camden than other areas in the NCL catchment.

Quantitative feedback: the proposed options for maternity and neonatal care

Across all questionnaire respondent types, a majority preferred option A, including around two thirds of staff working in NCL maternity, neonatal or children's surgical services (67%) and service users/parents/carers

[3] Available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

(66%); and nearly three quarters of staff working elsewhere within the NHS (73%). However, it is also worth noting sizeable minorities who preferred option B: just over a quarter of staff working in NCL maternity, neonatal or children's surgical services (27%) and service users/parents/carers (27%), as well as over a third of local residents (37%).

Views around the two proposed options were clearly heavily influenced by geography. In Barnet, Camden and Brent, more respondents expressed a preference for option B (50%, 57% and 66% respectively) as did a clear majority (72%) of those living closest to Royal Free Hospital. Elsewhere, however, option A was more widely preferred (most notably in Islington and Haringey, where more than nine-in-ten respondents preferred it).

Additional feedback on the proposals for maternity and neonatal services

Views on the proposed model of care

When questionnaire respondents were invited to provide further comments about the proposals for maternity and neonatal services, some of the feedback acknowledged the current challenges and agreed that changes may be needed. Some, particularly NHS staff, responding to the questionnaire or participating in engagement events, had concerns about the sustainability of current services and agreed with the principle of providing a more consistent level of care across hospitals in NCL.

Some staff highlighted that increases in the complexity of service users and patients' needs were said to be contributing to units being fuller for longer, discharging or transferring neonatal patients taking longer, and an increase in transfers. As a result, members of staff tended to agree that change is needed; and closing one neonatal unit to enable all remaining units to deliver the same minimum level of care and reduce the need for inter-hospital transfers was accepted as a logical and reasonable step.

However, across all consultation methods, there were many who disagreed generally with the proposed model of care, and the proposal to provide maternity and neonatal care from fewer hospitals in future. More care was thought to be needed rather than less, and it was claimed that:

- current services are already 'stretched' or operating at capacity much of the time, and reducing from five sites to four risks exacerbating this issue
- many factors affect birth choices and impacts on other maternity units are difficult to predict, therefore the modelling used to predict patient flows may be inaccurate
- falling birth numbers over recent years may be linked to short-term factors (e.g. COVID-19, uncertainty around Brexit, and the cost-of-living crisis) and birth rates could rise again in future
- new housing is being built or is planned for the NCL area, much of which will be occupied by young adults and families, which may lead to more demand for the services under consideration
- the increasing number of complex pregnancies and births means that maternity workloads are not decreasing overall, even though the birth rate may be lower
- while it may be sensible to centralise certain medical specialisms onto fewer sites, maternity services are a 'core' aspect of NHS provision, and it is less appropriate to consolidate these.

Several concerns were raised in relation to travelling further to access care in the event that services are provided from fewer sites in the future. While many were raised in relation to a specific site, others focused generally on issues such as the anxiety and vulnerability pregnant women and people may feel if having to travel further to a site with which they are less familiar, especially if their labour progresses quickly. With

respect to the possibility of accessing some services like antenatal care and maternal medical care at one hospital and giving birth at another, participants (at the targeted engagement activities especially) raised some concerns about poor continuity of care, fragmentation of services, and disjointed patient records.

There was also some doubt expressed by respondents that the proposals would address the identified challenges around staff recruitment and retention. Indeed, it was said that they might instead exacerbate these challenges if, for example, they were to lead to staff 'burnout' or lower job satisfaction. Some staff taking part in engagement events raised possible concerns about the implications of redeployment, asking (for example) about what would happen to the staff working at any unit that is closed.

Similarly, while many staff supported the proposals for neonatal services, some worried about whether and how the proposals might impact on overall capacity, and capacity within UCLH's specialist level 3 neonatal services; discharge planning and protocols; care pathways, including for babies who might need to be readmitted to hospital; and staff retention.

Views on the proposed options: preferences for option A

Many respondents felt that option A is the more appropriate option, even if they (particularly in the case of service users) did not necessarily agree with the proposed model of care and a reduction in the number of hospitals providing maternity and neonatal services from five to four.

Where option A was supported, this was often on the basis that Whittington Hospital currently deals with more births than Royal Free Hospital and its neonatal unit is already at level 2 (whereas the unit at Royal Free Hospital is at level 1), meaning it can manage all but the sickest preterm babies and is also able to cater for neonates 'stepping down' from level 3.

Others referenced the advantages identified in the consultation document, namely that fewer staff would be required to move location under option A and that there is provision for hospitals in North West London to absorb patients who would otherwise attend Royal Free Hospital (with some noting that the same assurances are not given in relation to North East London's hospitals having capacity to absorb NCL patients in the event of option B being chosen) .

Based on the factors above, option A was widely felt to be the safest and least disruptive option, while some stakeholders were also enthused by the opportunity it would provide to invest in and modernise the facilities and buildings at Whittington Hospital.

Some consultees (particularly members of staff) anticipated significant challenges in trying to upgrade the neonatal unit at Royal Free Hospital to level 2, highlighting, for example, that the unit is currently significantly under used and that the hospital no longer has middle grade neonatal trainees. By contrast, the neonatal unit at Whittington Hospital was said to be supported by high-quality resources and a well-established multidisciplinary team, including Allied Health Professionals in a variety of fields, and there were some doubts around whether it would be easy to replicate this expertise in another location.

Owing to the nature of the services being consulted on, personal experiences of past and current care were among the common reasons given for supporting each option, and many individuals offered positive personal feedback about the quality of care they had received at Whittington Hospital; complimenting its staff and facilities. The hospital was also praised, including by many members of staff, for its good reputation and strong working culture.

Others supporting option A tended to focus on the large and diverse population served by Whittington Hospital, highlighting areas of deprivation in Islington and Haringey, and the presence of ethnically diverse

communities with many Black and Asian residents. It was noted that these groups are associated with both higher-than-average birth rates and a statistically higher risk of poor maternal outcomes, with concern expressed about health disparities worsening if services are removed from Whittington Hospital. Alternative sites (such as Royal Free Hospital and North Middlesex University Hospitals) were said to be comparatively inaccessible for residents in areas like Islington and some parts of Haringey, with specific concerns raised around increased transport costs, residents being less likely to drive, and other barriers such as lower rates of English language proficiency.

Some stakeholders, including the London Borough of Islington and other organisations based in the Islington area, highlighted instances of joined-up working between hospital services and local, community-based healthcare provision operating out of Whittington Hospital. This included health visiting services, community nursing and Continuity Care Midwifery teams. These stakeholders were concerned that losing maternity and neonatal services at Whittington Hospital might lead to reduced support in the local community and disruptions to established relationships and care for local families, including those with vulnerabilities.

Views on the proposed options: preferences for option B

Across the range of consultation activities, feedback from those who preferred option B frequently highlighted the considerable range of specialist services and multi-disciplinary teams on-site at Royal Free Hospital to support high-risk pregnancies and births and to manage perinatal emergencies, covering areas like interventional radiology, haematology, liver and renal services, HIV services, diabetes services, foetal medicine, surgical expertise, transplantation, and rare diseases.

Significant concerns were expressed by respondents that there are many medically complex pregnant women and people whose care, they felt, can currently only be effectively and safely managed at Royal Free Hospital; and queries were raised about how these patients would be cared for if the NHS's preferred option A goes ahead, given that many services or facilities were said to not currently be available at Whittington Hospital (e.g. 24/7 interventional radiology and specialist haematology services).

Linked to this, there was some feeling (across the various consultation strands) that maternal health and safety has not been given appropriate consideration or weighting in the development of the proposals, while some staff contributions noted that maternal mortality is increasing, largely due to issues arising from pre-existing conditions rather than direct obstetric causes. This also led to some concern that removing services from Royal Free Hospital might not align with national guidance including MBRRACE-UK[4] recommendations or the findings of the Ockenden Review[5].

In this context, it was suggested that women from some ethnic minority backgrounds could be disproportionately affected if option B is not chosen, as they are statistically more likely to experience poorer maternal outcomes, especially those linked to other serious and long-term health conditions such as diabetes.

As was the case among many of those who supported option A (in relation to Whittington Hospital), many of those who supported option B provided feedback from personal experience about the quality of care they had received at Royal Free Hospital in the past. Others highlighted good transport links to the hospital, including (it was suggested) better parking provision than elsewhere, including at Whittington Hospital.

In particular, Orthodox Jewish communities in areas like Hendon and Golders Green were considered most likely to be impacted if services were removed from Royal Free Hospital. Many respondents noted that the

[4] Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
[5] Final report of the Ockenden Review

hospital provides culturally appropriate care and facilities for Orthodox Jewish service users (including kosher food and Shabbat rooms) and that many members of this community observe rules against driving or using public transport on Shabbat, and therefore rely on being able to walk to the hospital for visiting etc.

Finally, there was some concern about increasing demands on other units, including Barnet Hospital, UCLH and Northwick Park Hospital, in the event that option A is chosen over option B. Noting that option A relies upon hospitals in North West London being able to absorb patients from NCL, a few written submissions raised queries about the possible additional impacts on capacity, patient flows and accessibility if North West London ICB decided to change its own maternity provision in the future.

Feedback on alternatives and other suggestions

Consultees across all consultation activities suggested various alternative approaches to address the stated challenges, including:

- not closing any maternity or neonatal units and, instead, investing in upgrading and/or providing more services
- not closing any maternity or neonatal units and, instead, upgrading the neonatal unit at Royal Free Hospital to level 2 to cope with local population demand (some staff and stakeholders acknowledged that this might be challenging, but felt that these challenges should not be insurmountable)
- focusing on staffing and job satisfaction (i.e. focus on fixing the ‘root cause’ of current challenges)
- closing another hospital’s maternity and/or neonatal units (e.g. Barnet Hospital or North Middlesex University Hospital)
- promoting the hospitals that are less frequently used (e.g. Royal Free Hospital) to try and ensure a more equal spread of births across NCL
- encouraging people from a wider area (e.g. East London) to have their babies in NCL to increase critical mass
- consolidating services at a single specialist hospital that meets all needs (including the needs of service users with complex conditions).

Some respondents suggested mitigations to reduce the impact of the proposed changes, such as:

- improving and investing in services and facilities at Whittington Hospital (especially if the NHS proceeds with option A)
- improve facilities (e.g. parking) at all hospitals to cope with higher demand
- consider mitigations for transport (e.g. subsidised transport for those who must travel further to access maternity services or visit a baby in a neonatal unit; and improved patient transport services, a ‘dial-a-ride’ service or similar)
- consider the needs of those whose first language is not English (e.g. by ensuring information and communication about any service changes is provided in all necessary languages) and those who require information in other formats like BSL
- cater for the needs of different ethnic or religious communities, such as the Orthodox Jewish and Somali communities

Key themes: the proposed changes to Edgware Birth Centre

Quantitative feedback: the need for change

The questionnaire results show a fairly broad recognition of the need to make changes to respond to the challenges affecting Edgware Birth Centre. However, it is worth noting the slightly higher proportions agreeing among those respondents who indicated that they were NHS staff (76% of NHS staff working in NCL maternity, neonatal or children's surgical services; 81% of staff members working elsewhere in the NHS) compared to other groups (70% of service users/parents/carers; 64% of local residents).

Geography once more appears to have been a factor in respondents' views, with a somewhat lower proportion of respondents living closest to Edgware Community Hospital agreeing with the need for change (61%, compared to 76% among those living closer to other hospitals). Similarly, agreement was also lower among respondents living in the west of the catchment area (such as in Brent, Barnet and Camden) compared to those in the east (such as in Haringey and Islington).

Quantitative feedback: the proposal to close the birthing suites at Edgware Birth Centre

When questionnaire respondents were asked to indicate the extent to which they agreed with the proposal to close the birthing suites at Edgware Birth Centre, views were somewhat mixed. Higher proportions of NHS staff agreed (66% of NHS staff working in NCL maternity, neonatal or children's surgical services; and 70% of staff members working elsewhere in the NHS) compared with other groups (55% of service users/parents/carers and 48% of local residents).

As with the question about the need for change, agreement with the proposal was somewhat lower among those living closer to Edgware Community Hospital and among those in the west of the catchment area (i.e. in Brent, Barnet and Camden) compared to those living elsewhere.

Additional feedback on the proposal to close the birthing suites at Edgware Birth Centre

Agreement and supportive comments

When invited to provide further comments about the proposal to close Edgware Birth Centre's birthing suites, those questionnaire respondents who agreed felt that the service is unsustainable and the current number of births insufficient to maintain skill levels among the midwives staffing the suites. There was some feeling that the staff and other resources might be better utilised elsewhere (with some suggestion among questionnaire respondents in particular that these should be directed towards services that the 'majority' of pregnant women and people are able to use).

Others noted that midwife-led care would remain available in other settings or that women are increasingly less likely to choose Edgware Birth Centre as an option, both due to the increasing rates of medium and high-risk births and because obstetric units and alongside units are widely perceived to be safer by the public (according to a number of questionnaire respondents, including both staff and service users). There were occasional arguments that maintaining a standalone unit is fundamentally unsafe given the risks associated with transfers and wider challenges facing ambulance services regionally and nationally.

Some respondents supported the proposal but caveated that it would need to be accompanied by enhancements to midwife-led provision elsewhere. Others queried whether the resources saved by closing the birthing suites at Edgware Birth Centre might be sufficient to help maintain consultant-led maternity provision across five hospital sites.

Disagreement and concerns

However, concerns were expressed in relation to the proposal. Given that Edgware Birth Centre is the only standalone midwife-led birthing unit in NCL, many stakeholders across various activities felt that removing the service would represent an unacceptable reduction in patient choice. Specifically, many highlighted the less medicalised and more personalised, home-from-home environment offered by Edgware Birth Centre and felt that this should be maintained as an option.

Others noted research indicating that standalone midwife-led units are the safest option for low-risk pregnancies and are associated with lower rates of interventions such as inductions, assisted births, and caesarean sections. Furthermore, some noted that the possible alternative choice of home birthing is not a feasible option for all service users, depending on their circumstances (e.g. for those in unsuitable housing).

Others highlighted that Edgware Birth Centre was recently rated as ‘good’ by the CQC and that its staffing levels have recently improved (moreover, it was stated that the temporary closures of Edgware Birth Centre are caused by midwives being diverted to support services elsewhere and not due to issues staffing the centre per se). Furthermore, some midwives reported that they believed bookings at Edgware Birth Centre are already increasing following the implementation of a Quality Improvement process, which includes changes to the maternity self-referral process for example.

Written responses from midwives also highlighted that Edgware Birth Centre promotes ‘Maternal Continuity of Carer’ (MCoC), with a team providing antenatal, intrapartum and postnatal care. Removing the option to give birth at the Centre would, they claimed, disrupt this continuity in a geographical area where women have already been identified as being at a greater risk of adverse outcomes, due to factors such as deprivation and ethnicity.

It was suggested that Edgware Birth Centre provides a safe service, and some NHS staff participating in the consultation stated that the midwives work well with emergency teams during instances when transfer is needed. It was also occasionally suggested that Edgware Birth Centre helps to enhance skill levels among midwifery staff, by offering exposure to low-risk births, allowing midwives to work autonomously, and providing a pleasant learning environment for trainees.

Some speculated that closing the birthing suites at Edgware Birth Centre might exacerbate pressures on maternity services elsewhere in NCL, particularly if the NHS also implements its preferred option to remove services from Royal Free Hospital. Some respondents also raised concerns around accessibility to alternatives, particularly for low-income groups, and increasing pressures on services in future linked to population growth and demographic changes.

Feedback on suggestions and alternatives

The main proposed alternative was to promote Edgware Birth Centre more widely in order to ensure that service users are aware that it is an option and increase demand for the service. There were also some concerns expressed that the service is not being proactively offered by staff and that some pregnant women and people might feel like they are being encouraged toward choosing a consultant-led birth instead.

Some questionnaire respondents felt Edgware Birth Centre warrants more investment, perhaps as a dedicated centre specialising in low-risk births, feeling that this may relieve pressure elsewhere in the system. There were also limited calls to relocate the unit elsewhere, perhaps to a more ‘central’ location or nearer to an obstetric unit. Specifically, a few wondered whether the service might feasibly be relocated to Royal Free Hospital, in the event of that hospital losing its existing maternity provision.

Other suggestions were to promote Edgware Birth Centre across a wider catchment area, or to allow it to deal with a wider range of births than is currently the case. A few individuals wondered whether reducing the size of Edgware Birth Centre, ringfencing its staff (i.e. to prevent them being diverted to other sites), or running the birthing suites as an on-call service might help increase its viability.

In terms of possible mitigations, there was support for strengthening the home birthing service and also investing in alongside units to ensure capacity for any woman wishing to have a midwife-led birth. Edgware Birth Centre staff felt there was a specific need to improve provision for water births at other units if the standalone birthing suites were to close.

Other feedback

Several respondents queried whether demand for the service is quite as low as has been suggested in the consultation materials. For example, it was suggested that the data provided to illustrate the low usage of Edgware Birth Centre included a period when services would have been severely disrupted by the COVID-19 pandemic. Others felt that women who might use Edgware Birth Centre are being put off from doing so precisely because there is such ongoing uncertainty around its opening hours and longer-term future, claiming, on that basis, that birth statistics alone will provide an incomplete and limited picture of overall demand.

Additionally, many linked the falling usage of the centre to the increasing rate of pregnancies being classified as moderate-to-high risk in NCL (i.e. around 70%), which many felt to be an unreasonably large proportion. There was some concern that this tendency towards identifying more pregnancies as higher risk was contributing to the potential closure of birthing suites at Edgware Birth Centre. To support this, a few questionnaire respondents provided anecdotes about pregnancies that had been deemed moderate or higher risk (e.g. on the basis of BMI or some other criteria) but had eventually resulted in a straightforward birth.

Key themes: equalities impacts arising from the proposals for maternity and neonatal services

When invited to give feedback on potential equalities impacts and mitigations, some specific groups and people were highlighted, mostly (though not always) in relation to the proposals that would reduce the number of units providing maternity and neonatal services from five to four, although it may be advisable to also consider the relevance of some of the themes raised to the proposed changes at Edgware Birth Centre. The identified impacts related mainly to the challenges associated with travelling further distances to access services and the main groups identified were as follows:

» individuals or families from a lower income or socioeconomic background who may struggle to afford any additional travel costs

» pregnant women and people in general, who may struggle to travel further when pregnant, in labour, or with a newborn baby, and whose choices may be restricted by the proposals

» pregnant women and people with complex or high-risk pregnancies specifically, whose care might be disrupted by the proposed changes to services

» women and families from the Orthodox Jewish community who cannot drive or use public transport on Shabbat or on Jewish festivals

- those from minority ethnic backgrounds, especially non-English speakers, who already face inequalities in healthcare and may struggle to understand the changes or not seek the care they need
- people with disabilities who may be less likely to drive or be able to afford any additional travel costs
- pregnant women and people who do not wish to give birth in a hospital (e.g. those who are neurodiverse or have anxiety), and/or who cannot give birth at home (e.g. due to unsuitable housing or other circumstances), may be particularly affected by the closure of facilities at Edgware Birth Centre

Feedback on the consultation process

Some criticisms were made of the consultation process, with some respondents feeling that more information was needed or that the consultation materials were in some way biased or misleading. For example, a few consultees questioned whether the travel time analysis cited in the consultation document is fully accurate. Moreover, there was some suspicion that the proposals were designed primarily to achieve financial savings rather than to improve patient care and experiences.

There were also a few criticisms that the questionnaire and other information provided was overly lengthy or difficult to understand, and this prompted concerns that some potentially affected people may have been put off taking part or would have been unable to do so. There was also, however, some positive feedback on the consultation process and programme.

The full consultation feedback report

This document is a standalone executive summary of the full consultation report prepared by ORS. While this summary is designed to capture and describe the main findings from the consultation feedback, if should not be viewed as a replacement for the comprehensive account of feedback on the proposed changes to NHS services in North Central London. The full ORS report is available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/