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North Central London Health and Care Integrated Care System

NHS

Proposed changes to maternity and neonatal services in North Central London

Public consultation feedback
FULL REPORT

Opinion Research Services

November 2024

North Central London
Health and Care
Integrated Care System

NHS

Opinion Research Services

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This study was conducted in accordance with ISO 20252:2019, ISO 9001:2015, and ISO 27001:2022.

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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 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.

Contents

Glossary of terms

The following table defines some terms and acronyms used throughout this report for reference.

Term	Definition
Allied Health Professional (AHP)	Healthcare workers in areas including physiotherapy, occupational therapy, dietetics, speech and language therapy, psychologists and pharmacists
Alongside MLU	A midwife-led unit located on the same hospital site as an obstetric-led unit
CQC	Care Quality Commission
Edgware Birth Centre (EBC)	A standalone MLU (see below) located at Edgware Community Hospital
Home birth	A birth that takes place in a residence rather than in a hospital or a midwife-led unit
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Indices of Multiple Deprivation i.e. datasets used to classify the relative deprivation (a measure of poverty) of small areas. In this report, areas have been divided into five equal subsets (quintiles) in order to compare views between more and less deprived areas
Intrapartum	Referring to the period during and immediately after childbirth
Level 1 neonatal unit	For babies who do not need intensive care, often born after 32 weeks' gestation. Also known as a Special Care Unit (SCU)
Level 2 neonatal unit	For babies who need a higher level of medical and nursing support - often born between 27 and 31 weeks' gestation. Also known as a Local Neonatal Unit (LNU)
Level 3 neonatal unit	For babies with the highest need for support – often born before 27 weeks' gestation and/or very unwell after birth. Also known as a NICU (see below)
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
Midwife-led unit (MLU)	A maternity unit where care is delivered by midwives
Neonatal	Referring to a newborn, particularly in the first 28 days of life
NICU	Neonatal Intensive Care Unit i.e. a hospital unit for sick or premature newborns needing the highest level of medical care
Obstetric-led unit	A maternity unit within a hospital where doctors are available to provide medical care if needed
PICU	Paediatric Intensive Care Unit
Quaternary care	Refers to very highly specialised, advanced forms of treatment that are usually only available in a small number of centres
Standalone MLU	A midwife-led unit that is located on a different site to an obstetric-led unit (sometimes called a 'freestanding unit')
Tertiary care	Refers to highly specialised treatment, usually delivered in a hospital

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 reported here, with a separate report on 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] 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 this report[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] The programme is also described in detail in the ICB's 'Methodology, Activity and Reach' report, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

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, 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 (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[3] recommendations or the findings of the Ockenden Review[4].

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 hospital provides culturally appropriate care and facilities for Orthodox Jewish service users (including kosher

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

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.

1. Consultation overview

Commission and methodology

Introduction

1.1 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.

1.2 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.

1.3 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 commission

1.4 Opinion Research Services (ORS) was appointed by North Central London ICB to support particular consultation and engagement activities, and to independently analyse and report the consultation outcomes.

1.5 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 reported here, with a separate report for feedback on proposals for children's surgical services.

Proposals for changes to NHS services in North Central London

The challenges facing maternity and neonatal services in North Central London

1.6 Various challenges were identified as part of the 2021-22 review into maternity and neonatal services and the resulting case for change:

- **the needs of the local population are changing**: the overall number of women and people living in North Central London giving birth has been declining in recent years; moreover, the rate of complex pregnancies requiring more support is increasing
- **services are not currently set up to meet the needs of users**, and this can impact on the quality of care of provided:
  - two of the five units providing maternity services currently only provide care for a relatively small number of patients, and midwife-led provision is currently operating at well below its current capacity (most notably at Edgware Birth Centre where, on average, less than one baby has been born per week over recent years)
  - the use of neonatal services is uneven, with under half of the cots in the level 1 neonatal unit at Royal Free Hospital typically being occupied on any given day, whereas the two level 3 neonatal units in North Central London (UCLH and a predominantly regional/national centre at Great Ormond Street Hospital) are often full
- there are **staffing challenges in midwifery, neonatal nursing, and other relevant health professions** (e.g. allied health professional roles): staff are spread thinly across five units, which contributes to workplace stress, increases the fragility of services, and can lead to midwife-led care being forced to close at short notice to support higher-risk births
- **not all hospital buildings and facilities meet modern building standards** for maternity and neonatal units, and this can impact on patients' care and experiences

The proposals for maternity and neonatal services

1.7 As outlined above, based on feedback and input from a range of stakeholders, a new model of care was devised to address the challenges facing maternity and neonatal services. The main aspects of this proposed model of care, as laid out in the Start Well consultation documentation, are as follows:

- **reducing the number of maternity and neonatal units overall:** to increase birth numbers and to make sure that all NCL neonatal units are caring for enough babies for the units to work efficiently
- **ensuring that all neonatal units are at least level 2, with one level 3 NICU:** so that all sites have the specialist staff to care for the needs of premature or unwell newborn babies, while reducing the need for emergency transfers to another hospital
- **investing in North Central London's hospital buildings:** to enhance birth experiences and improve the maternity and neonatal care environment
- **enhancing midwife-led care alongside obstetric-led care** on all sites: to facilitate and support birth choices more consistently

1.8 The proposed model of care 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), and Barnet Hospital and Royal Free Hospital (both part of Royal Free London NHS Foundation Trust).

1.9 An options appraisal process, led by health professionals, and also including patients and patient representatives, considered four main criteria: quality of care, workforce, access to care, and affordability and value for money[5].

1.10 Based on the outcomes from this appraisal process, it was proposed 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. Please note that the Great Ormond Street Hospital level 3 neonatal unit was excluded from the options appraisal process.

1.11 It was also proposed that there should be **four obstetric-led birth units**, each with an alongside midwife-led unit, instead of the current five obstetric units.

1.12 If implemented, these proposals would mean the maternity and neonatal services at one hospital site would close. The ICB determined that it should consult on two possible options for how to consolidate and better deliver maternity and neonatal care in the future, including therefore which hospital would no longer provide any maternity and neonatal care.

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

1.13 Option A (i.e. ceasing to provide maternity and neonatal services from Royal Free Hospital) was identified as the NHS's preferred option. This was on the basis that fewer staff would be required to move to a new location under this option, 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.

1.14 Additionally, based on the declining birth rate and the growing number of moderate to high-risk pregnancies in North Central London, it was determined that the number of births at Edgware Birthing Centre is unlikely to increase in future. On this basis, the ICB is also proposing to **close the birthing suites at Edgware Birthing Centre** and use the site as a centre for antenatal and postnatal care only. Midwife-led maternity provision would continue to be provided at alongside midwife-led birth units (at the four hospitals proposed to provide maternity services in future), and via home births.

The public consultation

1.15 The 14-week public consultation period began on 11th December 2023 and ended on 17th March 2024, during which time service users, members of the public, NHS staff members, organisations, and other stakeholders were invited to give feedback on the proposals.

1.16 NCL ICB planned and delivered a comprehensive communications programme to raise awareness of the consultation to ensure residents and other stakeholders knew about the available opportunities to take part. The consultation activity was delivered by a small team of people working for NCL ICB from both the Start

[5] More information about the options appraisal process can be found in the pre-consultation business cases for changes to maternity and neonatal care and services at Edgware Birth Centre, which can be accessed via https://nclhealthandcare.org.uk/get-involved/start-well-2/

Well programme team and the Communications and Engagement Team (hereafter referred to jointly as 'the ICB programme team'), with some additional very targeted activities undertaken by independent research agencies.

1.17 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 summary versions (including Easy Read versions and documents in other languages), 'Frequently Asked Questions', and links to other relevant documents such as the pre-consultation business cases and interim Integrated Impact Assessments (IIAs).

1.18 Paper copies of documentation and the consultation questionnaire were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email. Other resources (including leaflets, posters, questionnaires and consultation documents) were distributed in response to requests over the course of the consultation period.

Promotion and engagement

1.19 A summary of the activities undertaken to promote the consultation and engage with stakeholders is provided below. However, more detail can be found in the ICB's 'Methodology, Activity and Reach' report[6] which is being separately published to the independent report on consultation feedback.

Promotion and awareness raising

1.20 A comprehensive media and marketing strategy was developed to ensure the consultation was promoted to all potential consultees. The background documentation was widely circulated and made accessible throughout the consultation period to ensure anyone who wished to take part had enough information about the proposals to give an informed opinion on them.

1.21 Posters, leaflets, and consultation documents contained an easy-to-read URL (nclhealthandcare.org.uk/start-well) to guide readers to the consultation website, where they could read about the proposals, access the consultation questionnaire, and find out other relevant information. In total, over 6,300 individuals visited the consultation website homepage during the 14-week period.

1.22 The consultation was widely promoted via social media, including Facebook, X (formerly known as Twitter), Instagram and LinkedIn. Regular posts from the ICB, NHS Trusts and NHSE London social media accounts aimed at people living across north London were made. In addition, there was a targeted social campaign to older and younger women to take part in targeted engagement activities (e.g. focus groups).

1.23 A number of videos about the consultation were uploaded to YouTube and promoted via social media and the consultation website, collectively achieved 1,310 views. In addition to direct social media engagement by the ICB programme team, the consultation was also promoted widely via social media by third parties such as local politicians, councils and VCS organisations.

1.24 A summary of key promotional activity undertaken to raise awareness is set out below:

- promotion via partners include NHS trusts and borough councils (e.g. in schools and residents' bulletins)
- local press briefing with five separate press releases issued at different points prior to and during the consultation period

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

- paid-for print advertising, consisting of half- or quarter-page adverts placed in 13 local newspapers or circulars
- promotional materials placed in key locations i.e. posters and/or leaflets at various hospital sites, libraries, children's centres, voluntary sector organisations and faith institutions
- letters sent to over 300 local voluntary and community sector organisations, informing them that the consultation was taking place and encouraging them to share this information with their members/users
- 'paid for' social media advertising targeted at relevant demographics
- letters sent to a large sample of households in some potentially more impacted areas (Harlesden and Willesden, and Holloway and Finsbury Park) to increase awareness

Consultation helpline

1.25 A telephone and email helpline (delivered by ORS on behalf of the ICB) was advertised through the duration of the consultation period. Together these received more than 110 enquiries and messages comprising: requests for further information, paper copies and translated versions of consultation documents; invitations for the ICB Programme Team to attend events; feedback on the proposals; and a small number of requests for technical support with the online questionnaire.

Public and community engagement events

1.26 Open engagement opportunities were provided to ensure any member of the public, member of staff, or other interested party could find out more about the proposals. A summary of the activity undertaken is provided below:

- six open-to-all drop-in sessions held in the second half of the consultation period (one held in each of the five NCL boroughs, plus Brent)
- twenty-six drop-in sessions at NCL hospital sites (including at Edgware Birth Centre), attended by a mixture of service users, staff and other members of the public, with many events scheduled to coincide with antenatal and children's clinics
- attendance at various other drop-in events, including health centres, 'stay and play' sessions at children's centres, and existing health promotion events organised by other organisations – such as community breakfast clubs

1.27 While many attendees to public and community engagement events and drop-ins chose to take away copies of consultation documents, questionnaires and leaflets with a view to providing feedback at a later date, some also asked questions and gave verbal feedback. These were captured by ICB programme team members on standardised templates and submitted as feedback for inclusion in this report.

NHS staff engagement activities

1.28 A comprehensive programme of staff engagement was undertaken to ensure clinical and non-clinical staff working in the relevant services and across the wider health and care system had opportunities to provide feedback on the proposals. The ICB promoted the consultation to its own staff through staff briefings, posters in offices and news items on the staff intranet. The consultation was also promoted to staff working in NHS trusts more widely through internal intranet pages and news stories at intervals throughout the consultation period, with this process being managed through communications leads at the Trusts and other relevant organisations.

1.29 In total, thirty-two meetings were held with members of staff at the various Trusts across the NCL area. Additionally, as noted above, the promotional drop-in sessions at each of the NCL hospital allowed additional opportunities for NHS staff engagement.

1.30 Staff across the NHS were also actively encouraged to respond to the questionnaire or provide separate written feedback, and many did so: over a thousand of those responding to the questionnaire (i.e. roughly a third of all respondents) indicated that they were members of NHS staff.

Targeted engagement activities with specific groups and communities

1.31 The ICB developed two separate interim IIAs (one related to the maternity and neonatal services proposals and one related to the children's surgery proposals) to identify groups that may be more impacted by proposals, if they were implemented.

1.32 This included groups with protected or other characteristics and those living in certain geographic areas that may be disproportionately impacted by changes, including (among others[7]):

- people living in areas of deprivation (maternity/neonatal services and children's surgery)
- people with disabilities (maternity/neonatal services and children's surgery)
- children with special educational needs (children's surgery)
- people from younger and older childbearing age groups (maternity/neonatal services)
- people from certain ethnicities such as Black and Asian women (maternity and neonatal services)
- people of certain religions such as the Orthodox Jewish community (maternity and neonatal services)
- people living in Harlesden and Willesden, and Holloway and Finsbury Park (maternity and neonatal services)
- people living in Tottenham and Edmonton, and Cricklewood and Dollis Hill (children's surgery)

1.33 To encourage response from the groups in identified in the interim IIAs, many of the public drop-ins were organised in targeted areas, including areas of deprivation or with ethnically diverse resident populations, or in locations where service users were more likely to be present (e.g. hospitals, health centres and children's centres).

1.34 Additional targeted engagement activities were also undertaken by the ICB programme team, and independent research partners ORS and Verve Communications; these included a youth summit to gather feedback from younger residents, focus groups and one-to-one interviews with residents, and roundtable discussions with representatives from the Orthodox Jewish and Gypsy, Roma and Traveller communities, refugees and asylum seekers, and people experiencing homelessness.

Engagement with other stakeholders

1.35 Organisations and other stakeholder groups were written to on several occasions throughout the consultation period to inform them of about the consultation and ways in which they could provide feedback. The ICB programme team also attended committee and board meetings and provided briefings.

[7] The full lists of identified groups can be found in the two interim IIAs, which can be accessed via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

1.36 This stakeholder engagement targeted, among others, local elected representatives (i.e. Members of Parliament, local councillors and Greater London Authority General Assembly Members), voluntary sector organisations and forums, local government officers working in relevant service areas, neighbouring NHS Integrated Care Boards and NHS Trusts, regional clinical networks, Royal Colleges and other professional bodies, and health education providers.

1.37 Work was also undertaken by the ICB programme team to engage General Practitioners, for example, through the NCL GP newsletter and letters sent from the Chief Medical Officer of the ICB. The ICB programme team also attended eight online meetings including the NCL GP webinar, several borough-level GP meetings in NCL and neighbouring areas, and the NCL GP Provider Alliance Board meeting.

Consultation feedback channels and response

Feedback via the consultation questionnaire

1.38 An open consultation questionnaire, hosted online by ORS, was available for residents, staff members, stakeholders and organisations, and any other interested parties to complete. The questionnaire could be accessed either by a single click via the widely promoted Start Well consultation website or by completing a paper version (which could be returned to ORS via a freepost address).

1.39 The consultation questionnaire was designed to allow structured feedback, with summary information provided and clear references and links to the more detailed consultation document. Questions covered the need for change; the proposed new models of care for maternity, neonatal and children's surgical services; and the specific proposals including the NHS's preferred hospitals for services to be located. 'Open' questions were included to allow respondents to explain their views, raise concerns, identify potential equalities and health inequalities impacts, and to suggest mitigations or alternative solutions to current challenges.

Analysing and reporting questionnaire feedback

1.40 Open questionnaires are important, being inclusive and giving opportunity to express and explain views, including disagreement with proposals. They are not random sample surveys of a given population, however, and cannot necessarily be expected to be representative of the general balance of opinion. For example, those living in deprived areas are usually under-represented, while residents living in more affluent areas tend to be over-represented.

1.41 Questionnaire respondents' views are often informed by their relationship to and experience of different hospitals and NHS services. Furthermore, respondents from groups or geographic areas that are likely to be most affected by the proposals - and therefore where there may be more press coverage or campaigning - are more likely to respond. For example, the numbers of respondents living near to Whittington Hospital in particular were proportionally greater than those from other areas.

1.42 When analysing the consultation questionnaire feedback, therefore, it is both appropriate and necessary to consider both the overall response from different stakeholder groups (e.g. NHS staff, service users and members of the public, representatives of organisations, etc.) as well as to compare and contrast the views of respondents from different demographic groups and geographic areas to understand shared views and concerns, as well as any differences arising.

1.43 In total, 3,112 questionnaires were completed (including 1,060 from respondents who identified themselves as NHS staff members, and 21 responses from organisations and officials). The feedback from these responses is reported in detail in Chapter 2 of this report, with supporting data in Appendices II and III.

Feedback from NHS staff, service users and public and community engagement

1.44 At all of the promotion and engagement activities undertaken by the ICB programme team, attendees and participants had opportunity to ask questions and give feedback. Not all of the primarily promotional activities and events outlined resulted in verbal feedback, with many of those engaged preferring to take information away and/or to provide feedback via the questionnaire or other channels, at a later date.

1.45 Where verbal feedback was given, either during structured discussions or in more informal conversations, the members of the ICB programme team took note of comments, concerns and issues raised using standardised forms to ensure consistency. These notes were transferred securely to ORS for analysis and inclusion in this report.

1.46 The notes were read in their entirety by ORS researchers and separated into themes in order to identify both shared and contrasting views around current challenges and the need for change, the proposed model of care and options for the hospital sites at which maternity and neonatal care might be delivered in future, the proposal to close the birthing suites at Edgware Birth Centre, and views and concerns around potential impacts, mitigations and alternative approaches.

1.47 The feedback from the ICB programme team engagement is covered in five separate chapters in this report covering: NHS staff feedback (Chapter 3), service user feedback (Chapter 4), feedback from targeted engagement (Chapter 5) and feedback from other members of the public and communities across NCL (Chapter 6).

Feedback from independently facilitated targeted engagement and research

1.48 NCL ICB commissioned ORS and Verve Communications to organise and facilitate additional in-depth (deliberative) consultation activities with groups that might be particularly impacted or affected by the proposals due to geography, demographics, underlying health inequalities or barriers to access.

Independent research with impacted geographic communities in NCL

1.49 ORS undertook a recruitment exercise with a view to delivering four online focus groups with residents of areas particularly likely to be affected by the proposals (as identified in the interim IIA): one with residents of Harlesden and Willesden and another with Holloway and Finsbury Park, about the maternity and neonatal proposals; and one with residents of Tottenham and Edmonton and another with residents of Cricklewood and Dollis Hill, about the proposals for children's surgical services.

1.50 A topic guide, based on the consultation document (and aligned with the consultation questionnaire), was developed to aid the discussions. Three focus groups were subsequently facilitated by ORS, involving twenty-three participants in total. Due to limited numbers of recruits from Harlesden and Willesden, ORS conducted five in-depth one-to-one interviews with the participants from that area in lieu of a facilitated group discussion. Feedback from these activities is explored in Chapter 7 of this report.

Independent research with protected characteristics and seldom-heard groups

1.51 The activities undertaken by Verve Communications were designed to engage with people with certain demographics known to be particularly hard to reach via open engagement activities, people who are seldom heard and/or who may have specific needs or face additional barriers and inequalities when accessing healthcare services. The engagement included members of the LGBTQI+ and Gypsy, Roma, and Traveller communities in NCL, refugees and people seeking asylum, and people experiencing homelessness or rough sleeping.

1.52 Verve Communications prepared a feedback report from the activities they undertook (included in Appendix IV) and a summary of the findings is also included in Chapter 7 of the main report.

Feedback from engagement with stakeholder organisations

1.53 Engagement with organisation representatives and other formal stakeholders involved a range of activities undertaken by the ICB programme team, including briefings, attending boards and committees, presenting at pre-existing meetings and some activities arranged specifically for the consultation.

1.54 Some of these engagement activities were primarily used as an opportunity for stakeholders to hear about the proposals and ask questions for clarity, while others prompted more detailed discussion and feedback.

Furthermore, in some instances stakeholders considered the proposals in more detail at a later date and submitted detailed formal written feedback (see below). Feedback arising during these meetings is covered in Chapter 8 of this report, while questions and more formative discussion from stakeholders that subsequently provided written submissions are include as in Appendix V for reference.

Other feedback received

1.55 Feedback submitted in writing, via email or via the telephone helpline is covered in Chapter 9 of this report. Feedback from shorter or less detailed submissions from members of the public individual NHS staff members are reported anonymously in summary tables. Formal submissions from organisations, officials and other stakeholders are attributed and summarised in more detail to make the arguments raised more accessible.

1.56 In total, during the formal consultation process, 80 submissions were received; these included 48 from NHS staff or organisations, elected representatives and others responding in some kind of 'official' capacity, and 32 from individual members of the public.

1.57 Finally, five petitions were organised (two by local MPs, two by local political parties, and one by a member of staff at Royal Free Hospital) in addition to one standardised letter and one locally organised questionnaire. The statements and number of signatories or participants in each are reported in Chapter 10.

The nature of public consultation

1.58 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.

1.59 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 take into account the issues raised.

Reading this consultation report

1.60 In contrast to the more thematic approach in the executive summary, this full report considers the feedback (relating to maternity and neonatal services) from each element of the consultation in turn because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings.

1.61 All types of consultation responses are important, and this report presents 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

1.62 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. Those with strong concerns or objections are more likely to provide these views robustly and in detail; furthermore, ORS has an obligation to comprehensively report these concerns and contrary views, in order for decision-makers to be able to conscientiously consider the issues raised (Gunning Principle 4[8]). It should be noted, however, that this can mean that the feedback can appear more ‘negative’ overall than was actually the case.

1.63 Finally, it is not ORS' role to 'make a case' for or against the proposals, nor 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 the evidence available, of which consultation feedback is one part. To this end, ORS trusts that both the executive summary and full report will be helpful to all concerned.

[8] The Gunning Principles are a set of legal principles against which the legitimacy of public consultation is assessed. They require: consultation to occur before decisions are finalised, sufficient information to be provided so that consultees can provide informed responses, adequate time for participation, and conscientious consideration to be given to all feedback arising before final decisions are made.

2. Consultation questionnaire

Introduction

2.1 During the 14-week public consultation, which began on 11th December 2023 and ended on 17th March 2024, stakeholders were signposted to the North Central London Integrated Care Board (NCL ICB or 'the ICB') website, nclhealthandcare.org.uk/start-well, or provided with paper documentation. A range of information and resources were available, including the full consultation document and separate summary versions (including Easy Read versions and documents in other languages), 'Frequently Asked Questions', and links to other relevant documents such as the pre-consultation business cases (PCBCs) and interim Integrated Impact Assessments (IIAs).

2.2 A structured consultation questionnaire was designed to allow stakeholders to provide feedback in a consistent format. Appropriate summary information was included for each question, with additional signposting to the consultation document for more detailed information.

2.3 Respondents were asked to indicate the extent to which they agreed or disagreed with the need for change and the relevant proposals for each of the three NCL services being consulted on: 1) maternity and neonatal services; 2) the standalone midwife-led birth unit at Edgware Birth Centre; and 3) children's surgical services[9]. For each set of proposals, respondents were given the opportunity to elaborate on their views, provide any general comments, and suggest any alternative solutions to address the challenges (or how any disadvantages associated with the proposals could be reduced). Furthermore, all respondents were invited to give feedback on potential equalities impacts and possible mitigations for those impacts.

2.4 Along with an initial question to identify respondents' connection(s) to NHS services in North Central London, a voluntary profiling section gathered demographic information; where respondents provided postcodes or completed some or all of the equalities monitoring questions, it was possible to identify and compare views among different geographic communities and demographic groups.

2.5 A total of 3,112 questionnaires were completed, including 21 from those responding on behalf of an organisation and 3,091 from individuals (1,060 who identified themselves as NHS staff and 2,031 from other individuals).

2.6 This chapter addresses the questionnaire results and feedback on the questions relating to the first two proposals on maternity and neonatal services in NCL, and the standalone midwife-led birth unit at Edgware Birth Centre, covering:

- views on the need for changes to be made to respond to the challenges faced by maternity and neonatal services in NCL
- views on the proposal that all neonatal units in NCL should offer the same minimum level of neonatal care (level 2)
- views on the proposal that maternity and neonatal services in NCL should, in future, be provided at four hospital sites, rather than five

[9] The responses to this section of the questionnaire are considered in a separate report on feedback around the proposals for children's surgery services, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

- views on the two options for the configuration of maternity and neonatal services in NCL hospitals, if the proposal to deliver them from four hospitals were to go ahead
- views on the need for changes to be made to address the challenges faced by the standalone midwife-led birthing unit at Edgware Birth Centre
- views on the proposal to close the birthing suites in the standalone midwife-led birth unit at Edgware Birth Centre
- views on potential negative or positive impacts of the proposed changes, including on groups with protected characteristics under the Equality Act 2010

2.7 Views on the proposed changes to children's surgery services in NCL are reported in a separate independent report by ORS, available at: https://nclhealthandcare.org.uk/get-involved/start-well-2/

Summary of main findings – individuals' views on the proposals for maternity and neonatal services in NCL

The need for change to respond to the identified challenges

2.8 Respondents were given a summary of the main challenges and opportunities identified by the NHS in North Central London to improve the quality of maternity and neonatal services in NCL. This included meeting the changing needs of the local population, making the best use of limited resources, and addressing staffing challenges.

2.9 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, including those from different respondent types and across the catchment area[10]. A somewhat higher proportion of NHS staff agreed (70% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 75% of staff members working elsewhere in the NHS) compared with service users/parents/carers (66%) and local residents (58%).

2.10 Geography was a key factor influencing views throughout the questionnaire; agreement with the need for changes to be made 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 (71-74% agreement). Agreement 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).

The proposed model of care for maternity and neonatal care

2.11 Respondents were asked two questions on the proposed model of care to address the identified challenges. They were given brief explanations that the NHS in North Central London proposes to ensure all neonatal units in NCL offer the same minimum level (i.e. level 2) of neonatal care. This would mean providing maternity and neonatal services in NCL from four hospitals, rather than five, in the future (with each hospital having an obstetric-led birth unit with an alongside midwife-led unit).

[10] The catchment area, as defined by the NHS in NCL, is the area from which individuals use the hospital services involved in the Start Well programme and are therefore likely to be the most impacted by the NHS's proposed changes to maternity, neonatal, and children's surgical services in NCL (see Figure 1 on page 51).

2.12 When asked to indicate the extent to which they agreed or disagreed with the principle of ensuring that all neonatal units in NCL offer at least level 2 neonatal care, most individual questionnaire respondents either strongly agreed or tended to agree. This included around four fifths of NHS staff working in NCL maternity, neonatal or children's surgical services (81%) and staff members working elsewhere in the NHS (78%), and over two thirds of service users/parents/carers (68%) and local residents (67%).

2.13 When asked to indicate the extent to which they agreed or disagreed with the proposal that maternity and neonatal services in NCL should, in future, be provided at four hospitals rather than five, the response from different respondent groups and across the catchment was more mixed. Just under half of NHS staff members who responded (48% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 47% of staff working elsewhere in the NHS) agreed with the proposal, compared to around a quarter (26%) of service users/parents/carers, and a third (32%) of local residents.

2.14 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 catchment.

The proposed options for delivering maternity and neonatal services

2.15 Respondents were given a brief outline of the two options for the configuration of maternity and neonatal services in NCL hospitals; either option A (consolidating services on to four sites in NCL and no longer providing services from Royal Free Hospital), the NHS's preferred option, or option B (consolidating services on to four sites in NCL and no longer providing services from Whittington Hospital).

2.16 Among individual respondents, there was majority preference overall and in each respondent group for the NHS's preferred option A. Nonetheless, it is worth noting that over a quarter (27%) of NHS staff working in NCL maternity, neonatal or children's surgical services and of service users/parents/carers preferred option B, as did over a third (37%) of local residents.

2.17 A greater proportion of those respondents living in Barnet, Camden and Brent expressed a preference for option B (50%, 57% and 66% respectively) and a clear majority (72%) of those living closest to Royal Free Hospital preferred maternity and neonatal care to continue to be delivered there. Elsewhere, however, option A was more widely preferred.

Views by key demographics

2.18 Overall, there was very little indication of substantive differences in views between different groups or communities on the proposals for maternity and neonatal services in NCL. Questionnaire respondents living in the least deprived parts of the catchment area (i.e. in IMD quintiles 4 and 5) were slightly less positive about the proposals compared to other residents living elsewhere in the same area (i.e. in less deprived areas).

2.19 There was also slightly less agreement in general, and particularly with the NHS's preferred option A, from those of Jewish faith. Feedback via open questions and other channels around the Orthodox Jewish community's proximity to Royal Free Hospital detailed the cultural and religious considerations which make that hospital a preferred option for many in the Orthodox Jewish community in particular.

Reasons for respondents' views

2.20 When invited to explain their answers to the previous questions (and provide any general comments or alternative solutions), while some respondents expressed positive support for one or other of the options, 'preferences' were also expressed in the negative (i.e. rejection of the 'other' option, including criticism of

the hospital site). Misgivings and criticisms shared in feedback often arise from a combination of factors, which may include individuals own and others' experiences.

2.21 Overall, there was more support for option A than option B, which is reflected in the number and detail of comments made around the site options. It is important to note, though, that around twice as many of the respondents who provided comments lived closer to Whittington Hospital, or another hospital in NCL, than to Royal Free Hospital.

2.22 There was some acknowledgment of the need for changes to be made and a few, particularly NHS staff, commented on the benefits of providing more consistent maternity and neonatal care across hospitals in NCL. Aside from personal experience, many respondents explained that they thought option A was the more logical option since Whittington Hospital already has a level 2 neonatal unit (while Royal Free Hospital has a level 1 unit), and fewer staff would need to move to a new location. Positive impacts of the proposal were also more closely linked with option A than option B, with some respondents suggesting that this could allow for better use of resources and safer care.

2.23 Support for option B, often from NHS staff members, was commonly linked with the range of specialist maternity services offered at Royal Free Hospital (e.g. 24-hour on-site emergency interventional radiology) that aren't available at Whittington Hospital. Many mentioned that closing Royal Free Hospital would particularly disadvantage the most vulnerable in the surrounding area, including women with more complex, high-risk pregnancies, and those from communities with high birth rates and quick births who would struggle to travel further to reach another hospital. The Orthodox Jewish community living close to Royal Free Hospital, who have additional travel limitations on Shabbat (Sabbath, the Jewish day of rest) and Jewish festivals, were particularly mentioned in this regard.

2.24 Less than a fifth of those who commented mentioned general disagreement with the changes or proposals for maternity and neonatal services (18%) or that the proposals would make it more difficult to access services, either in general or mentioning the impact of one of the proposed options (16%). Many of these respondents, even if they had a preferred option, mentioned that neither hospital's maternity or neonatal unit should close, or emphasised the importance of local healthcare. It was suggested by some respondents that, actually, more care/units are needed rather than less.

2.25 Some of those who disagreed with the proposals explained that closing units at one hospital would increase the pressure on other maternity services and hospitals in the area, many of which are already perceived as being overstretched. This was linked with other negative impacts, such as on the choice or quality of care for service users and on NHS staff (e.g. staff needing to be relocated or overworked).

2.26 Questionnaire respondents suggested various alternative approaches to address the challenges, including:

- don't close any maternity or neonatal units and, instead, invest in upgrading their services in general or provide more services
- don't close any maternity or neonatal units and, instead, upgrade the neonatal unit at Royal Free Hospital to level 2 to cope with the demand of the local population
- focus on staffing and job satisfaction (i.e. focus on fixing the 'root cause' of the problem)
- close another hospital's maternity or neonatal units instead (e.g. Barnet Hospital or North Middlesex University Hospital)
- promote the hospitals that are less frequently used

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

- improve/invest in the care and/or facilities at Whittington Hospital (especially if option A was to go ahead)
- improve the facilities (e.g. parking) at other hospitals to cope with a higher demand
- consider mitigations for transport (e.g. subsidise transport for those who have to travel further)

Summary of main findings – individuals' views on the proposals for Edgware Birth Centre

The need for change to respond to the identified challenges

2.28 Respondents were given a brief overview of the challenges the NHS in North Central London has identified at its standalone midwife-led birth unit at Edgware Birth Centre in Edgware Community Hospital. These challenges include low birth rates and difficulties staffing the unit.

2.29 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, there was broad recognition of the need for change from those responding to the consultation questionnaire. Agreement was slightly higher among NHS staff (76% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 81% of staff members working elsewhere in the NHS agreed) compared to those with other primary connections to NHS services in NCL (70% of service users/parents/carers and 64% of local residents agreed).

2.30 Geography appeared to play a factor in respondents' views, since a lower proportion of respondents living closest to Edgware Community Hospital agreed with the need for change to respond to the identified challenges (61% agreed) than those closest to another hospital (76% agreed).

2.31 Agreement with the need for changes to be made at Edgware Birth Centre 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).

The proposed closure of the birthing suites at Edgware Birth Centre

2.32 Respondents were given a brief explanation that the NHS in NCL are proposing to close the birthing suites at Edgware Birth Centre as they are not a good use of resources (due to the declining birth rate and increasing number of moderate to high-risk pregnancies in NCL).

2.33 When respondents were asked to indicate the extent to which they agreed with the proposal to close the birthing suites at Edgware Birth Centre, views across different respondent types were mixed. NHS staff were typically more positive (66% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 70% of staff members working elsewhere in the NHS agreed) than those with other primary connections to NHS services in NCL (55% of service users/parents/carers and 48% of local residents agreed).

2.34 Agreement with the proposed closure of the birthing suites at Edgware Birth Centre was again lower among those living closer to Edgware Community Hospital and among those living in the west of the catchment area (such as in Brent and Barnet) compared to those living elsewhere in the catchment area.

Views by key demographics

2.35 There was very little indication of substantive differences in views between different groups or communities. For example, questionnaire respondents living in the most deprived parts of the catchment area had similar views compared to other residents living elsewhere in the same area (i.e. in less deprived areas).

Reasons for respondents' views

2.36 When invited to provide further comments on the proposal to close the midwife-led birthing suites at Edgware Birth Centre (and explain any alternative solutions), over a quarter (27%) of those who left a comment mentioned agreement or support. Those who agreed tended to express a view that the service is unsustainable, and the current number of births is insufficient to maintain skill levels among the midwives who staff the service. There was also some feeling that the staff and other resources might be better utilised elsewhere (i.e. directed towards services that the 'majority' of pregnant women are able to use).

2.37 Some respondents suggested 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 midwifery units are widely perceived to be safer by many staff and service users. There were occasional arguments that maintaining a standalone unit is fundamentally unsafe given the risks associated with transfer and wider challenges facing services in the area, including the ambulance service.

2.38 Numerous concerns were expressed in relation to the proposal to close the birthing suites at Edgware Birth Centre; a quarter (25%) of those who commented mentioned general disagreement. Given that the birth centre is the only standalone unit in NCL, many felt that removing the service would represent an unacceptable reduction in patient choice. Specifically, many highlighted the less medicalised and more personal environment offered by the birth centre and felt that this needed to be maintained as an option.

2.39 Others noted research that indicates that standalone 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. It was also noted that home birthing is not a feasible option for all service users, depending on their circumstances (e.g. those in unsuitable housing).

2.40 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.

2.41 Various alternative approaches to address the challenges were suggested by individual respondents, including:

- don't close the birthing suites at Edgware Birth Centre and, instead, invest in upgrading its services and promoting it more widely across the catchment area
- increase education and knowledge of different birth options (among both service users and staff), and promote these more
- invest more in staffing and recruiting/retaining midwives
- keep the birthing suites at Edgware Birth Centre open but make changes to address the challenges (e.g. by making it smaller or running it as an 'on call' service)

2.42 Some respondents suggested mitigations to reduce the impact of the proposed changes, or made other comments for consideration, such as:

- ensuring there are enhancements in midwife-led care elsewhere, particularly the home birthing service
- whether some women are being classified as having a moderate to high-risk pregnancy unnecessarily, and therefore not having access to the kind of birth they would prefer
- whether the data showing the low usage of Edgware Birth Centre is accurate (e.g. since the service would have been affected by the COVID-19 pandemic and uncertainty about its future)

Summary of main findings – individuals' views on potential equalities impacts and mitigations of the proposals (maternity and neonatal services and Edgware Birth Centre)

2.43 Questionnaire respondents were invited to give feedback on potential equalities impacts of the proposals for both maternity and neonatal services and Edgware Birth Centre (and children's surgical services[11]), and suggest any possible mitigations for those impacts. Some specific groups and people were highlighted, mainly due to the challenges associated with travelling further distances to access maternity and neonatal services. These groups include:

- individuals or families from a lower income or socioeconomic background who may struggle to afford any additional travel costs
- pregnant women and people, especially those with complex or high-risk pregnancies, who may struggle to travel further when pregnant, in labour, or with a newborn baby
- 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 those who are 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
- women who do not wish to give birth in a hospital (e.g. those who are neurodiverse or have anxiety) may be particularly affected by the closure of Edgware Birth Centre

Summary of main findings – response from organisations

2.44 Of the 21 organisations and those responding to the questionnaire in an official capacity, most either strongly agreed or tended to agree with the need for changes to be made to address the challenges faced by maternity and neonatal services in NCL (15 agreed), and with the principle of ensuring all neonatal units in NCL offer the same minimum level of care (16 agreed). Their views were more split on the proposal that maternity and neonatal services in NCL should, in future, be provided at four sites rather than five (8 agreed).

[11] Responses to this section of the questionnaire are considered in a separate report covering feedback on proposed changes to children's surgical services, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

2.45 In terms of the proposed options for the configuration of maternity and neonatal services in NCL hospitals, 12 organisations preferred the NHS' preferred option A, however, five organisations preferred option B, while two had no particular preference (one responded, 'don't know' and one did not answer).

2.46 When asked the extent to which they agreed of disagreed with the proposals for Edgware Birth Centre, of the 21 organisations and those responding to the questionnaire in an official capacity, more than half (11) agreed with the need for changes to be made and one disagreed (the others neither agreed nor disagreed, didn't know or didn't answer). Similarly, more than half (11) agreed with the proposal to close the birthing suites at Edgware Birth Centre, while two disagreed.

2.47 The views raised in text comments from NHS and healthcare clinical groups, and from local government and elected representatives are discussed in Chapter 9 of this report alongside written submissions of feedback from other organisations. The main concern raised in text comments from 'other' organisations, which included various charities and groups working with communities in NCL, related to the proposals for maternity and neonatal services in NCL. This included concern about the impact of option A, and with maternity and neonatal services no longer being provided at Royal Free Hospital, for the Orthodox Jewish community that live close to Royal Free Hospital.

Methodology and questionnaire response

2.48 The questionnaire was available online (hosted by ORS), and paper questionnaires were distributed at events and in public locations, and available on request, including in different languages.

2.49 All questionnaire responses submitted by the closing date, and subsequently received by ORS or NHS North Central London ICB, in which at least one of the consultation questions related to the specific proposals for maternity and neonatal care was answered, were included in the analysis, regardless of whether or not any profile questions were answered.

2.50 It is important that consultation questionnaires are open and accessible to all, while being alert to the possibility of multiple completions (by the same people), which could be submitted in an attempt to deliberately affect the outcomes. As a precaution, ORS routinely monitors cookies and IP addresses. After careful analysis of the raw dataset, ORS did not find any multiple responses attempting to systematically skew results.

2.51 A total of 3,112 questionnaires were completed, including 21 from those responding on behalf of an organisation or in an official capacity, and 3,091 from individuals (1,060 of whom identified themselves as NHS staff and 2,031 where from other individuals).

Respondents' connections to NHS services in North Central London

2.52 The first question asked respondents about their connection to NHS services in North Central London. It should be noted that the question was voluntary (i.e. respondents could choose not to answer and still complete the survey). Furthermore, the question was a multiple response question so that those taking part could identify more than one connection (e.g. as an NHS staff member and a local resident).

2.53 For the purpose of succinct analysis and reporting, individual respondents who provided multiple connections have been grouped with those who identified as having a single connection to allow comparisons to be drawn, where applicable, between stakeholders. Table 1 overleaf shows how stakeholders are described throughout the report.

Table 1: Respondents' self-identified connections to NHS services in NCL, grouped for the purpose of data analysis of questionnaire responses

Respondent type	Connection to NHS services in NCL	Responses	
		Number	%
Organisations	Responding on behalf of an organisation or department except where text comments indicate clearly that the respondents is, in fact, a private individual rather than an organisational representative	21	1%
NHS staff – NCL maternity, neonatal or children's surgical services	NHS staff working in **children's surgical services** in NCL	69	2%
	NHS staff working in **neonatal** services in NCL, but are **not**: - NHS staff working in children's surgical services in NCL	145	5%
	NHS staff working in **maternity** services in NCL, but are **not**: - NHS staff working in children's surgical OR neonatal services in NCL	368	12%
NHS staff – elsewhere in the NHS	NHS staff members working elsewhere in the NHS, but are **not**: - NHS staff working in children's surgical, neonatal, OR maternity services in NCL	478	15%
Service users/ parents/carers	Service users/parents/carers of **children's surgical services in NCL**, but are **not**: - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS	287	9%
	Service users/parents/carers of **neonatal services in NCL**, but are **not**: - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers of children's surgical services in NCL	597	19%
	Service users/parents/carers of **maternity services in NCL**, but are not: - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers of children's surgical OR neonatal services in NCL	829	27%
Local residents	Residents of NCL or a neighbouring area, but are **not**: - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers for children's surgical, neonatal OR maternity services in NCL	274	9%
Other respondents	Respondents stating an 'other connection' to NHS services in NCL, but are **not**: - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers for children's surgical, neonatal OR maternity services in NCL	33	1%
	SUB-TOTAL	**3,101**	**100%**
Not known/answered (included with 'Other individuals' in charts and narrative in this report)		11	-
	TOTAL NUMBER OF RESPONDENTS	**3,112**	**100%**

2.54 Overall, responses were received from:

» 21 individuals responding on behalf of an organisation of in an official capacity

- 582 NHS staff members working in NCL maternity, neonatal or children's surgical services
- 478 NHS staff members working elsewhere in the NHS
- 1,713 from those with experience of maternity, neonatal or children's surgical services in NCL, as a service user or parent/carer of a patient (referred to as 'service users/parents/carers')
- 274 local residents
- 44 other respondents

2.55 The 21 respondents who identified themselves as representatives of named organisations or departments, or as having an official role, are listed below.

Table 2: Named organisations or representatives responding via the consultation questionnaire

NHS and healthcare clinical groups[12]
GOSH – Department of Plastic and Reconstructive Surgery
GOSH – Department of Spinal (Orthopaedic) Surgery
GOSH – Specialist Neonatal and Paediatric Surgery
Haringey Health and Wellbeing Board
Royal Free Hospital – HIV Services (Note: this response was also submitted separately in a letter)
Royal Free Hospital – Maternity Unit
North Thames Paediatric Network Surgery in Children Leadership Team
Islington CAMHS - Parent and Baby Psychology service
The Red Cell Network Haemoglobinopathy Coordinating Centre
Whittington Health – Universal Health Services for Islington
Whittington Health – AHP response
Local government and elected representatives[13]
Islington Council
Islington Councillor
Islington Councillor for Finsbury Park Ward
London Borough of Islington – Children's Services
Other organisations
Barnet Asian Women's Group
Chana Charity Ltd
Elcena Jeffers Foundation
The Interlink Foundation
Unnamed carers group
Voluntary doulas serving North London's Jewish community

[12] Due to the length and detail of open text responses from NHS and clinical groups, they are reported as 'written submissions' and covered in Chapter 9 of this report; closed (agree/disagree) responses are included in this chapter.
[13] As with comments from NHS and healthcare clinical groups, those from elected representatives and local government stakeholders are reported as 'written submissions' (Chapter 9) while closed responses are included in this chapter.

Demographic profile of respondents

2.56 Those responding to the questionnaire in a personal capacity were asked to provide some basic demographic information. Table 3 summarises the demographic information for those who were chose to provide it. Where available, ONS Census 2021 data of the catchment area (as defined by the NHS in NCL, as shown in Figure 1) is used as a comparator where available, to give some general indication of how well the response profile of the questionnaire matches the wider population that might be affected by the proposed changes.

2.57 An asterisk has been used to denote percentages greater than zero, but less than half of one percent. There was a very small proportion (less than 1%) of questionnaire responses received from people who provided a postcode lying outside the catchment area; nonetheless, those responses have also been included in the demographic profile tables below for completeness.

Table 3: Demographic response profile to the consultation questionnaire for those who provided this information: age, gender, ethnic group, religion or belief, and disability – compared with the catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Respondents	%	
BY AGE	Under 25[14]	75	3%	14%
	25 to 34	704	27%	21%
	35 to 44	1,005	39%	19%
	45 to 54	388	15%	17%
	55 to 64	249	10%	13%
	65 and over[15]	140	5%	16%
	Total valid responses	**2,561**	**100%**	**100%**
	Not known	530	-	-
BY GENDER	Female	2,167	85%	53%
	Male	376	15%	47%
	Non-binary or Other[16]	10	*%	-
	Total valid responses	**2,553**	**100%**	**100%**
	Not known	538	-	-
BY ETHNIC GROUP	Asian/Asian British[17]	252	11%	13%
	Black/African/Caribbean/Black British[18]	145	6%	12%
	Mixed/Multiple ethnic groups[19]	131	5%	5%
	White: English, Welsh, Scottish, Northern Irish or British	1,210	51%	39%

[14] This includes 3 individuals aged under 20 and 72 individuals aged 20 to 24.
[15] 107 individuals aged 65 to 74, 30 individuals aged 75 to 84, and 3 individuals aged 85 or over.
[16] This includes 9 individuals who identify as non-binary and 1 individual who identifies as another gender.
[17] This includes 210 Asian/Asian British individuals (115 who are Indian, 27 who are Pakistani, 28 who are Bangladeshi, 40 who are Chinese), and 42 individuals who are from another Asian background.
[18] This includes 80 individuals who are African, 59 individuals who are Caribbean, and 6 individuals who are from another Black/Asian/Caribbean/Black British background.
[19] This includes 26 individuals who are White and Black Caribbean, 14 individuals who are White and Black African, 48 individuals who are White and Asian, and 43 individuals who are from another Mixed/Multiple ethnic background.

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Respondents	%	
	White: Other (including Gypsy or Irish Traveller)[20]	568	24%	23%
	Other ethnic group[21]	82	3%	9%
	Total valid responses	**2,388**	**100%**	**100%**
	Not known	703	-	-
BY RELIGION OR BELIEF	Christian	830	35%	44%
	Jewish	345	14%	5%
	Muslim	140	6%	13%
	No religion	958	40%	31%
	Other religion or belief[22]	119	5%	7%
	Total valid responses	**2,392**	**100%**	**100%**
	Not known	699	-	-
BY DISABILITY[23]	Has a disability	187	8%	16%
	No disability	2,262	92%	84%
	Total valid responses	**2,449**	**100%**	**100%**
	Not known	642	-	-

2.58 The consultation response is broken down by other demographic characteristics in Table 4, with an asterisk again used to denote a percentage greater than zero, but less than half of one percent.

Table 4: Demographic response profile to the consultation questionnaire for those who were asked to provide this information - other characteristics

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY WHETHER GENDER IS THE SAME AS GIVEN AT BIRTH	Yes	2,509	99%
	No	13	1%
	Total valid responses	**2,522**	**100%**
	Not known	569	-
BY SEXUAL ORIENTATION	Straight/Heterosexual	2,300	95%
	Gay or Lesbian	44	2%
	Bisexual	66	3%
	Other sexual orientation	6	*%
	Total valid responses	2,416	**100%**
	Not known	675	-

[20] This includes 113 individuals who are White – Irish, 1 individual who is White – Gypsy or Irish Traveller, 9 individuals who are White – Roma, and 445 individuals from another White background.
[21] This includes 34 individuals who are Arab, 22 who are Jewish and 26 from other ethnic groups.
[22] This includes 14 individuals who are Buddhist, 72 individuals who are Hindu, 8 individuals who are Sikh, and 25 individuals who identify with another religion or belief.
[23] Defined as having day-to-day activities because of health problems or disability which has lasted, or expected to last, at least 12 months.

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY WHETHER HOUSEHOLD INCLUDES A LONE PARENT FAMILY	Yes	225	9%
	No	2,203	91%
	Total valid responses	**2,428**	100%
	Not known	663	-
BY WHETHER RESPONDENT IS AN UNPAID CARER[24]	Yes	419	17%
	No	2,043	83%
	Total valid responses	**2,462**	**100%**
	Not known	629	-
BY WHETHER RESPONDENT IS PREGNANT OR HAS GIVEN BIRTH IN WITHIN THE LAST YEAR	Yes	682	28%
	No	1,796	72%
	Total valid responses	**2,478**	**100%**
	Not known	613	-
BY WHETHER RESPONDENT HAS ANY DEPENDENT CHILDREN AGED UNDER 18	Yes	1,602	64%
	No	884	36%
	Total valid responses	**2,486**	**100%**
	Not known	605	-

Geographic profile of respondents

2.59 The numbers and proportions of responses received from individuals are broken down in the table overleaf by nearest hospital with consultant-led maternity care, nearest hospital with a birth unit (whether standalone, midwife-led or an obstetric-led unit with neonatal care) and by borough (based on respondents' postcodes, where provided).

[24] Defined as being any help or support provided to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems relating to old age.

Table 5: Distribution of individual questionnaire responses received, by current nearest hospital (with consultant-led maternity care and with a birth unit) and by borough for those who provided postcodes – compared with the catchment population aged 16+ (Census 2021)

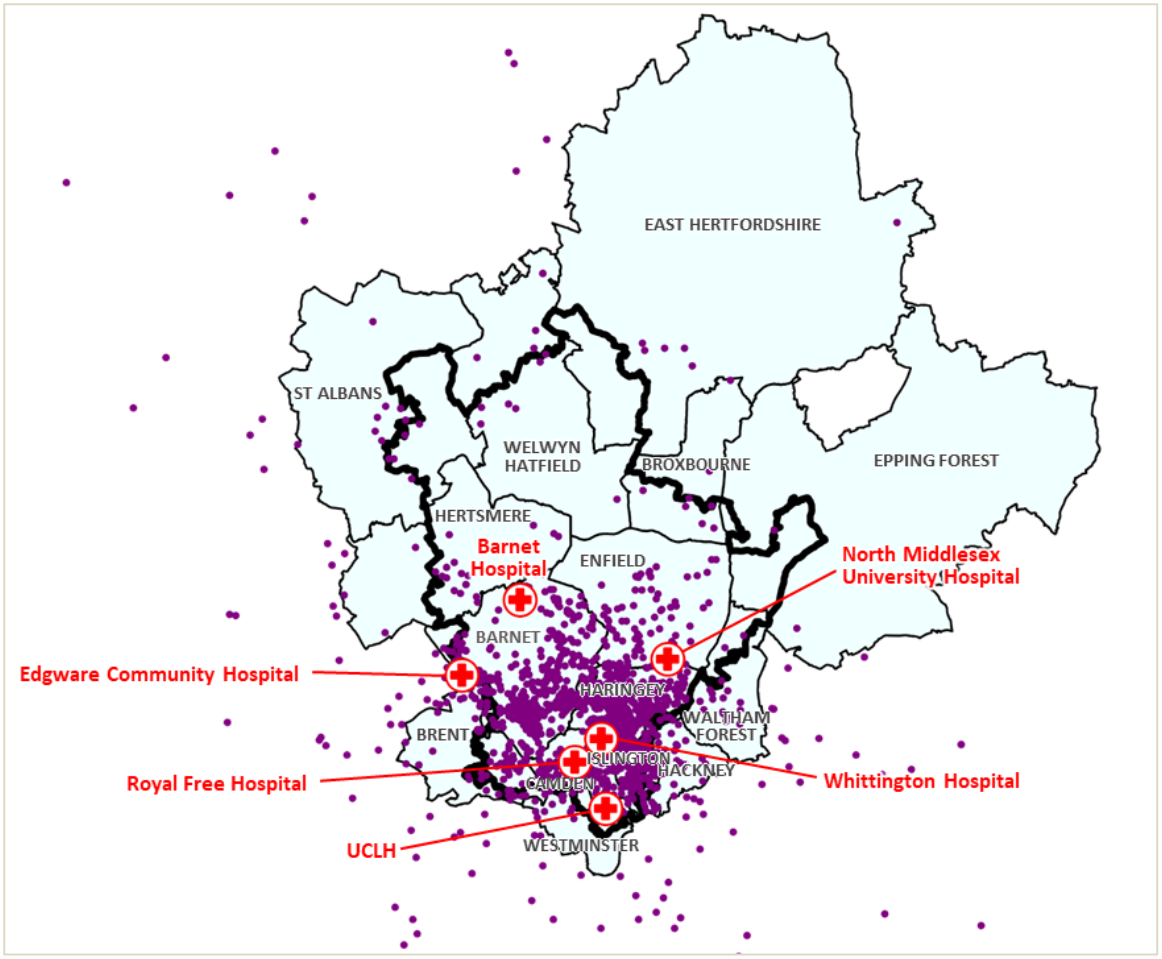
Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY NEAREST HOSPITAL (with consultant-led maternity care)	Barnet Hospital	256	12%	24%
	North Middlesex University Hospital	272	13%	29%
	Royal Free Hospital	442	21%	18%
	University College Hospital (UCLH)	195	9%	7%
	Whittington Hospital	911	44%	22%
	Total valid responses	**2,076**	**100%**	**100%**
	Not known	1,015	-	-
BY NEAREST HOSPITAL (with a birth unit)	Edgware Community Hospital	202	10%	7%
	Any other hospital	1,874	90%	93%
	Total valid responses	**2,076**	**100%**	**100%**
	Not known	1,015	-	-
BY BOROUGH	Barnet	516	24%	20%
	Brent	73	3%	6%
	Camden	197	9%	13%
	Enfield	86	4%	19%
	Haringey	459	22%	15%
	Islington	490	23%	10%
	Other area	293	14%	19%
	Total valid responses	**2,114**	**100%**	**100%**
	Not known	977	-	-

2.60 The locations of about a third of respondents are unknown (1,015 respondents, 38 of whom provided partial postcodes that were used to identify the borough they live in, however, not their nearest hospital), but it is reasonable to assume that the distribution of those responses is broadly similar to those where postcodes are provided.

2.61 As indicated in above and in Figure 1 (overleaf), the largest proportion of responses to the open questionnaire (of those who provided postcodes) came from people living closest to Whittington Hospital (44%, compared to the catchment population comparison of 22%) and Royal Free Hospital (21%, compared to the population comparison of 18%). This is indicative of strong local interest in the proposals among those likely to feel most impacted by the proposed changes.

2.62 The catchment area (thick black line) in Figure 1 shows the area from which individuals use the hospital services involved in the Start Well programme and are therefore expected to be the most impacted by the NHS's proposed changes to maternity, neonatal, and children's surgical services in NCL. Boroughs shown in blue are those which are covered, in full or part, by the Start Well programme catchment area.

Figure 1: Map showing the distribution of questionnaire responses where a postcode was provided (purple dots).



2.63 The numbers and proportions of individual responses broken down by relative deprivation within the catchment area impacted by the proposals are shown in Table 6 and indicate that, among those who provided postcodes, the most deprived areas are somewhat underrepresented, while those from less deprived areas are slightly overrepresented in the response. It can be more difficult to reach those in more deprived areas; targeted online and in-person engagement has been carried out in geographic areas identified in the interim Integrated Impact Assessment and is discussed in Chapters 4 and 7 of this report.

Table 6: Distribution of individual questionnaire responses received, by relative levels of deprivation for the hospital catchment area (calculated using Indices of Multiple Deprivation [IMD]) for those who provided postcodes – compared with the catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY DEPRIVATION (IMD QUINTILE) Overall catchment	1 – most deprived	240	14%	19%
	2	364	21%	21%
	3	329	19%	21%
	4	442	26%	20%
	5 – least deprived	351	20%	19%
	Total valid responses	**1,726**	**100%**	**100%**
	Outside catchment area	350	-	-
	Not known	1,015	-	-

Presentation and interpretation of the data

2.65 Data from the consultation questionnaire has not been combined to produce 'overall' results. Respondents' connections with NHS services (by role, geography or other factors) often inform their views and it is therefore most appropriate to consider those from different stakeholders (i.e. organisations, individual NHS staff members, service users/parents/carers, etc.) separately. This ensures that the views of each, regardless of the size of the response from each group, are given due consideration.

2.66 With this in mind, the views of different respondent groups are first reported separately for each question. It should, however, be noted that where the views of NHS staff are reported first, this is in no way intended to suggest that views from NHS staff are considered as any more or less important than those from residents and other individuals. Responses are also broken down by geography and by key demographic characteristics.

2.67 For simplicity and accessibility, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:

- green shades represent positive responses
- yellow shades represent neutral responses
- red shades represent negative responses
- bolder shades highlight responses at the 'extremes', for example, strongly agree or disagree

2.68 It should be noted that, when reporting combined percentages of 'tend to agree' and 'strongly agree', or 'tend to disagree' and 'strongly disagree', the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places. The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration. Some quotes are edited using ellipses (…) to ensure anonymity and brevity, without changing the intended meaning.

2.69 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater than zero,

but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.

2.70 The closed question (agree/disagree) responses from those responding to the questionnaire on behalf of a named organisation or department, or responding in their official role, are reported at the end of this chapter.

2.71 Due to the nature (i.e. length and detail) of many of the responses received to the open text questions about the proposals for future delivery of maternity and neonatal services currently delivered in NCL, the comments from both NHS and healthcare clinical groups, and local government and elected representatives responding to the questionnaire are reported alongside the written submissions in Chapter 9 this report. Comments from other organisations, which include various charities and groups working with communities in NCL, and one short comment from an NHS team about Edgware Birth Centre, are reported in this chapter.

Questionnaire feedback – individuals' views on the proposals for maternity and neonatal services in NCL

Views on the need for change to respond to the identified challenges

2.72 Following a summary of the main challenges and opportunities identified by the NHS in North Central London to improve the quality of maternity and neonatal services in NCL (including meeting the changing needs of the local population, making the best use of limited resources, and addressing staffing challenges), the following question was posed to respondents:

> **To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges?**

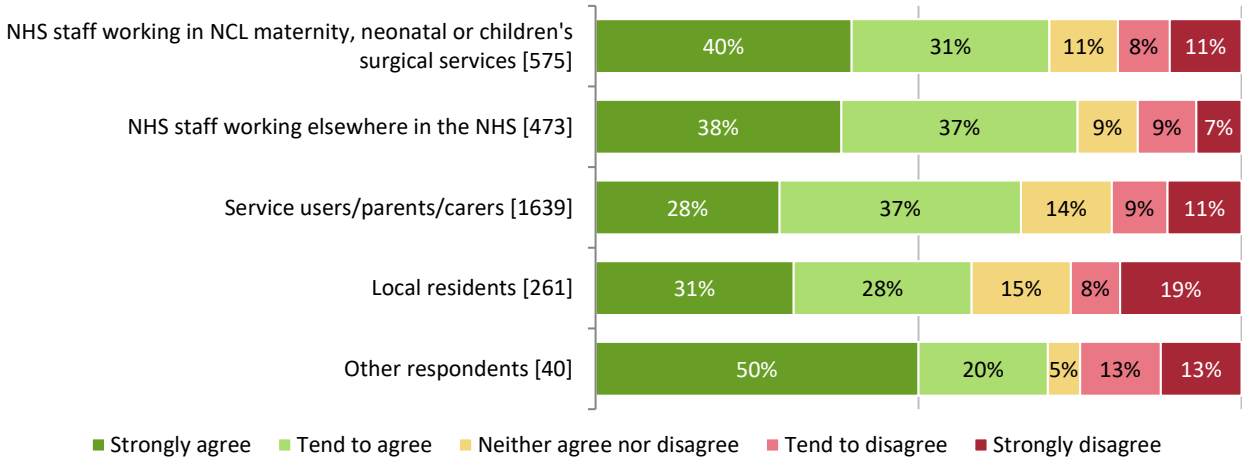
2.73 Overall, most individuals responding to the questionnaire either strongly agreed or tended to agree with the need for changes to be made to respond to the identified challenges facing maternity and neonatal services in NCL.

Variations in views on the need for change by respondent type

2.74 There was some variation in views between those with different primary connections to NHS services in NCL (Figure 2), with somewhat higher proportions of NHS staff agreeing (70% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 75% of staff members working elsewhere in the NHS) compared with service users/parents/carers (66%) and local residents (58%).

2.75 Other respondents (i.e. those with another connection to NHS services in NCL or those who did not specify a connection to NHS services) were also positive about the need for changes to be made (70% agreement).

Figure 2: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY RESPONDENT TYPE (individual questionnaire respondents only)

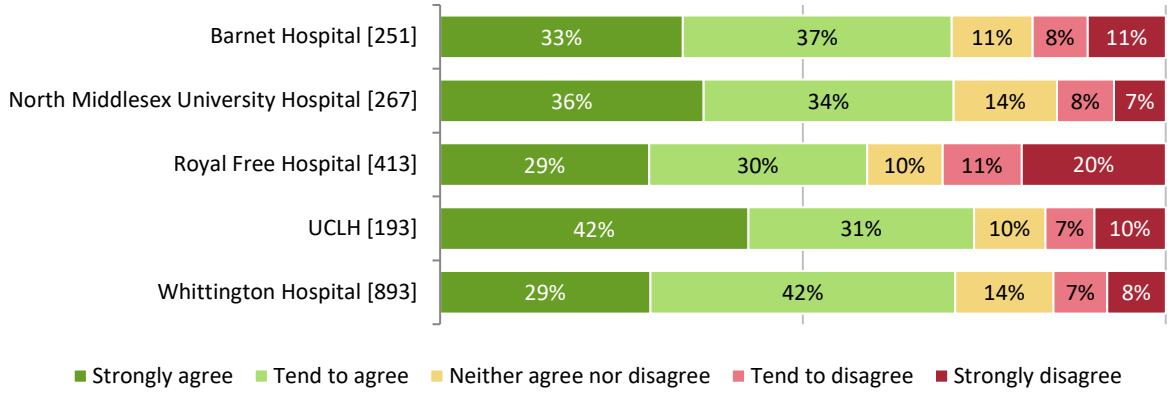


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on the need for change by geography

2.76 When the response is broken down by respondents' nearest NCL hospital providing consultant-led maternity care (Figure 3), there remains broad agreement with the need for change, although with lower levels of agreement with the need for change (around three fifths or 59%) among respondents living nearest to Royal Free Hospital compared to those living nearest to other hospitals (between 71% and 74% of whom agreed). Just over three in ten (31%) of those living nearest to Royal Free Hospital disagreed with the need for change.

Figure 3: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY NEAREST HOSPITAL WITH CONSULTANT-LED MATERNITY CARE (individual questionnaire respondents only, where postcodes were provided)

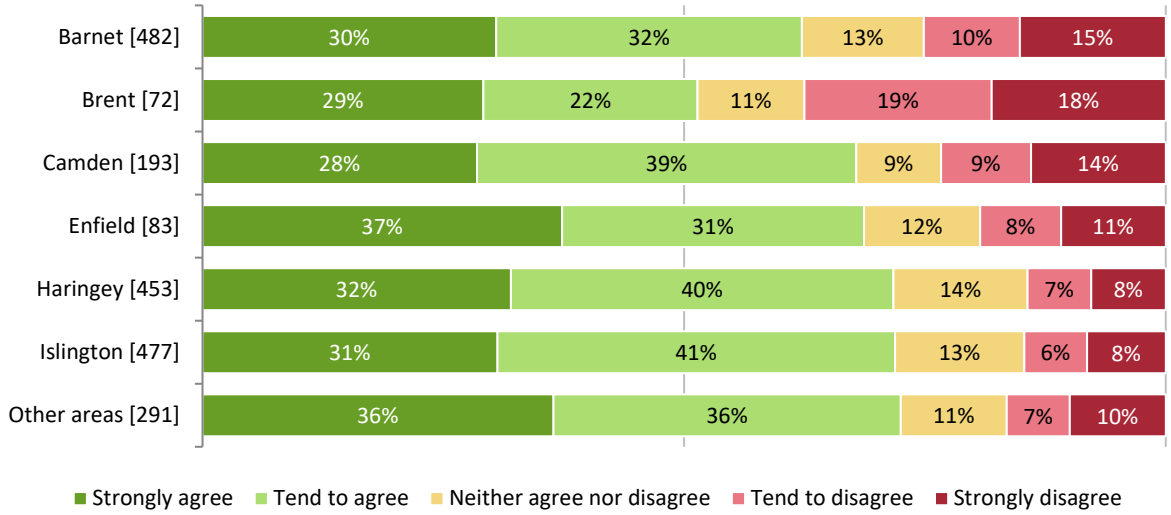


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.77 Similarly, individual respondents living in Barnet and Brent (the west of NCL and North West London and typically nearest to Royal Free Hospital), expressed lower levels of agreement and higher levels of disagreement compared to respondents in other boroughs (Figure 4).

2.78 Respondents from Brent in particular, were less positive; just over half (51%) agreed with the need for change, while nearly four in ten (37% with tended to disagree or strongly disagreed).

Figure 4: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on the need for change by other characteristics

2.79 While there was some variation in the strength of the agreement expressed by respondents from different demographic groups and communities, the overall picture is one of broad agreement with the need for changes to be made to respond to the challenges facing maternity and neonatal services in NCL. Charts showing breakdowns of respondents' views by demographic groups can be found in Appendix II of this report for reference and are summarised below.

2.80 The proportion of individual respondents who provided postcodes and live in the least deprived areas of the catchment area (calculated using indices of multiple deprivation (IMD) quintiles 4 and 5) who agreed with the need for change was marginally lower than in other areas (Figure 29, Appendix II).

2.81 There are some slight variations in views across key characteristics such as age, gender, ethnicity and religion (Figure 30, Appendix II):

- older respondents were somewhat less positive about the need to make changes to address the identified challenges (just under three fifths or 59% either tended to agree or strongly agreed) compared to younger respondents (e.g. 71% of respondents aged under 25 years agreed with the need for change, and 70% of those aged 25 to 24 years)
- 62% of respondents who identified as male agreed, compared to 69% of female respondents
- just under three fifths (59%) of Jewish and Muslim respondents agreed with the need for change, compared to between two thirds and nearly three quarters (67-74%) of those with another religion or belief

2.82 Finally, three fifths (60%) of both respondents with disabilities or long-term conditions (hereafter 'with disabilities' for brevity) and those with unpaid caring roles agreed with the need for changes to maternity and neonatal services in NCL (Figure 31, Appendix II). By contrast, more than two thirds of those without disabilities (69%) and without unpaid caring roles (70%) agreed.

Views on the proposal that all neonatal units in NCL should offer the same minimum level of care

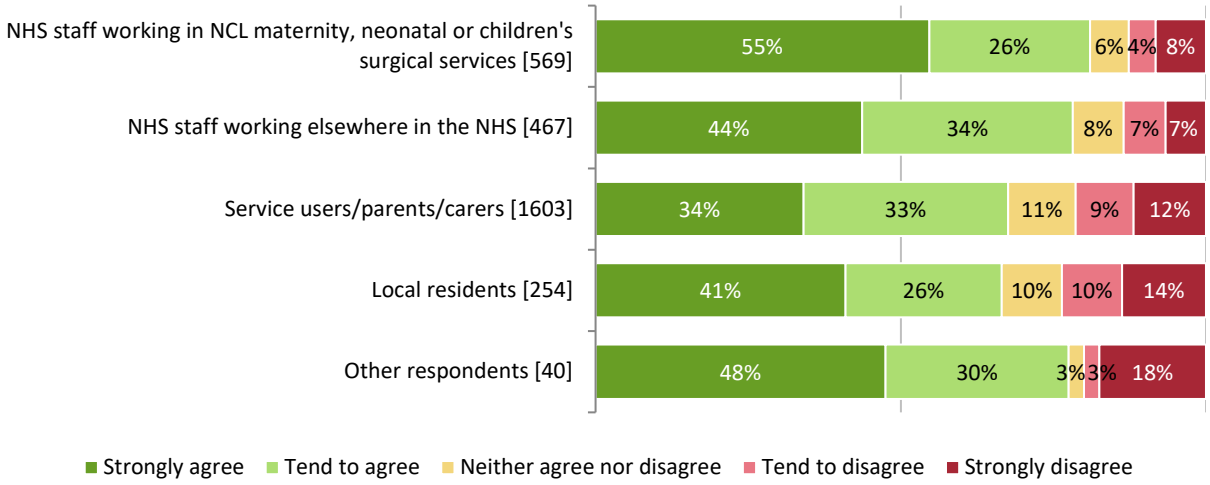
2.83 Respondents were given a brief overview of the five current neonatal units in NCL, and told that the NHS in North Central London proposes to have four neonatal units in total in future, all offering at least level 2 neonatal care, with one of the current maternity and neonatal units being closed. Respondents were also directed to the consultation document for more detailed information if needed, then asked to answer the question:

To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)?

Variations in views on the proposal for minimum level 2 neonatal care by respondent type

2.84 Most respondents either strongly agreed or tended to agree with the proposal 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 working in NCL maternity, neonatal or children's surgical services (81%) and staff members working elsewhere in the NHS (78%) agreed (Figure 5).

Figure 5: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)? BY RESPONDENT TYPE (individual respondents only)



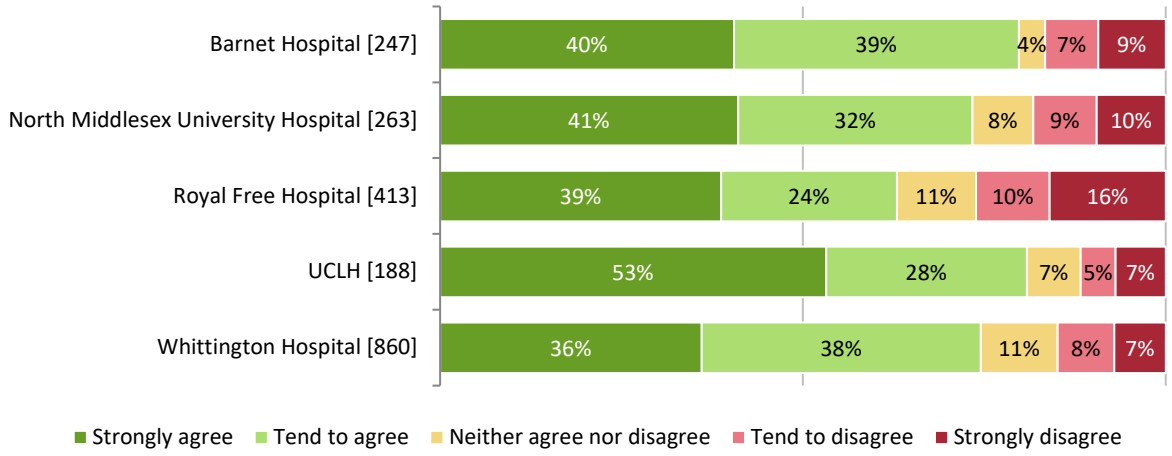
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.85 Respondents whose stated primary connection to NHS services in NCL was as service users, parents or carers, or as local residents, were somewhat less positive, although sizeable majorities nonetheless agreed (68% and 67% respectively). Other respondents were also positive about ensuring all neonatal units in NCL offer the same minimum level of care (78% agreement).

Variations in views on the proposal for minimum level 2 neonatal care by geography

2.86 As with the need for change, Figure 6 indicates that, although there was majority agreement overall, a smaller proportion of individual respondents living nearest to Royal Free Hospital (63%) agreed that all neonatal units in NCL should provide at least level 2 neonatal care, compared to those living nearest to other acute NCL hospitals (73-81%).

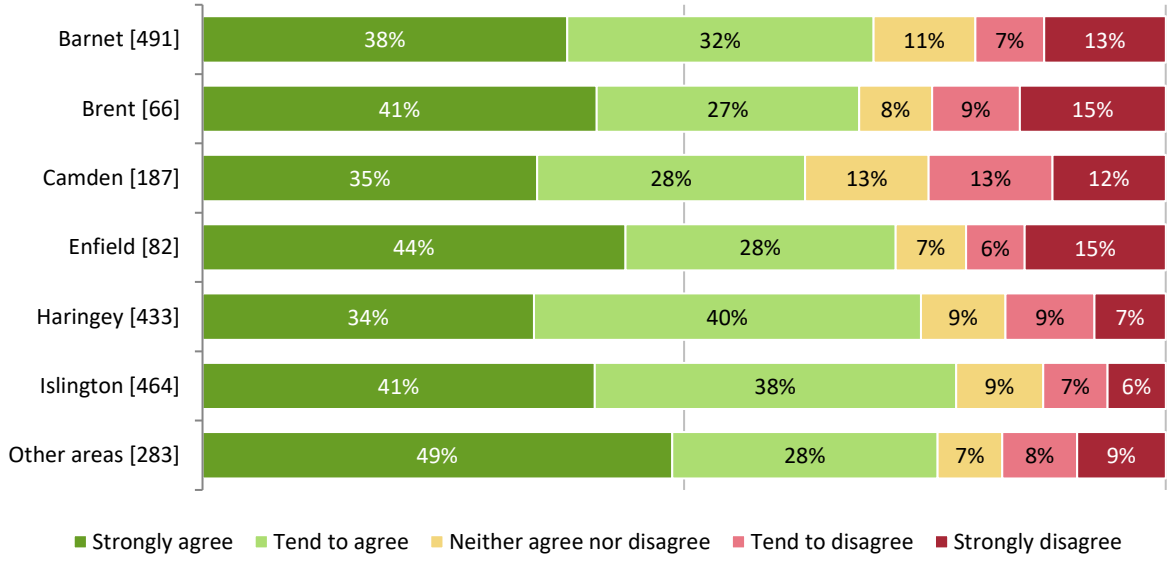
Figure 6: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)? BY NEAREST HOSPITAL WITH CONSULTANT-LED MATERNITY CARE (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.87 Similarly, while there was majority agreement from individual respondents across NCL and surrounding boroughs (Figure 7), agreement was slightly lower among respondents living in Barnet, Brent and Camden (70%, 68% and 63% respectively) compared to those living in Haringey, Islington and other areas (75%, 78% and 76% respectively).

Figure 7: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on the proposal for minimum level 2 neonatal care by other characteristics

2.88 Although there are also some small differences in the levels of agreement between other groups of respondents, a substantial majority (more than two thirds) within each group agreed with the principle of delivering the same minimum level of care:

- there were slightly higher levels of agreement among respondents from the more deprived communities in the catchment (IMD quintiles 1 and 2) compared to other groups (Figure 32, Appendix II)
- a slightly greater proportion of older respondents (aged 55 and over) agreed than among those aged under 55 years (Figure 33, Appendix II)
- there were some small differences in views among respondents from different ethnic groups, and smaller proportions of respondents of Jewish or Muslims faith agreed with the proposed model of care than among other groups (Figure 33)
- levels of agreement with the proposal were slightly lower among respondents who were pregnant or had given birth in the previous 12 months, and among those with dependent children, compared to other respondents (Figure 34, Appendix II)
- the level of agreement was marginally lower among respondents with unpaid caring roles compared to those without, but higher among respondents with disabilities (Figure 34)

Views on the proposals that maternity and neonatal services in NCL should, in future, be provided at four hospital sites, rather than five

2.89 Respondents were given a brief explanation that the NHS in North Central London are proposing to address the identified challenges facing maternity and neonatal services in NCL by having four obstetric-led birth units, each with an alongside midwife-led unit, instead of the current five, meaning that the maternity and neonatal services at one hospital would close. The following question was then posed to respondents:

To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five?

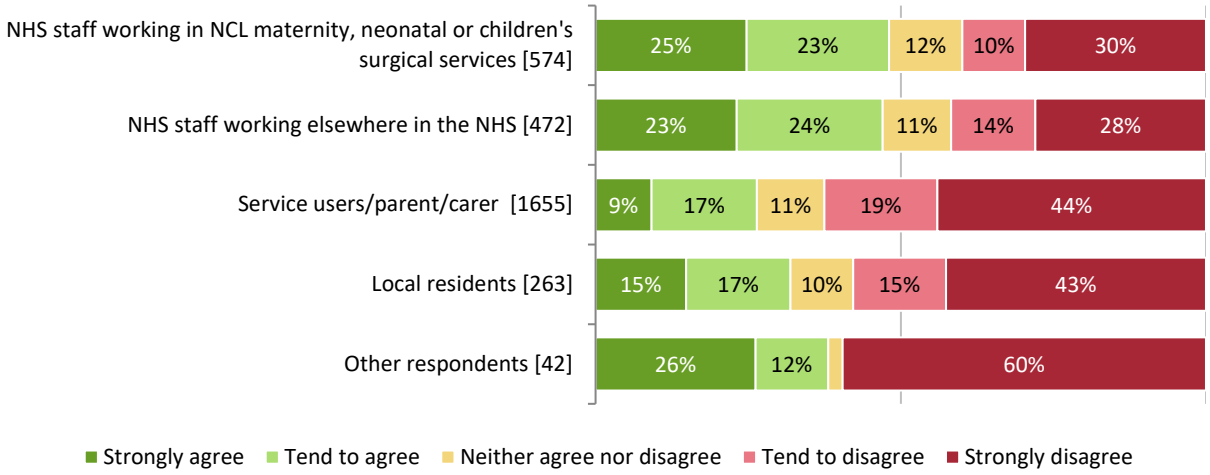
Variations in views on the proposal to deliver maternity and neonatal from four hospital sites rather than five, by respondent type

2.90 Respondents' views on the proposal to provide maternity and neonatal services at four NCL hospital sites rather than five were mixed and varied by connection to NHS services (Figure 8).

2.91 Just under half of NHS staff members who responded (48% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 47% of staff working elsewhere in the NHS) agreed with the proposal, compared to around two fifths who disagreed (40% and 42% respectively).

2.92 Non-staff responses were more negative: only around a quarter (26%) of service users/parents/carers, around a third (32%) of local residents, and less than two fifths (38%) of other respondents agreed, while around three fifths (63%, 58% and 60% respectively) of each group disagreed.

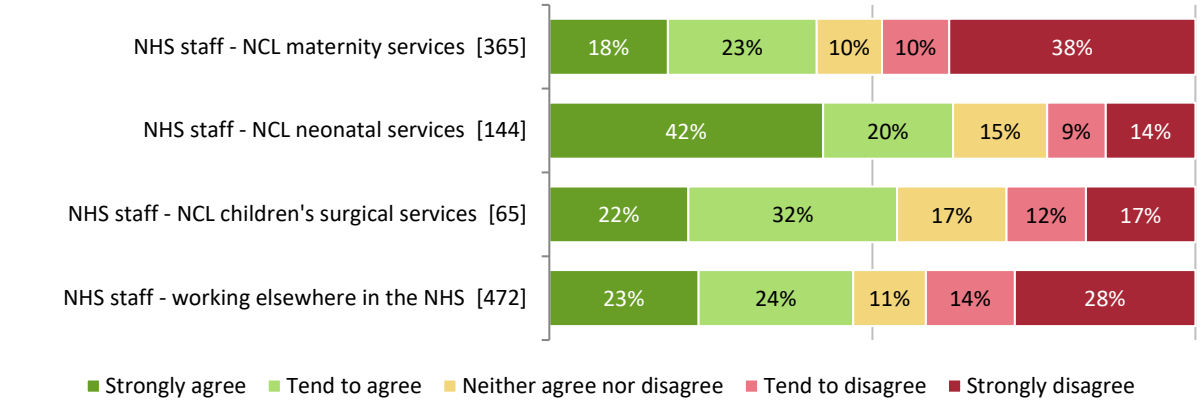
Figure 8: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.93 There was also variation among staff working in different services (Figure 9) with slightly more of those staff who identified as working primarily in maternity services disagreeing (48%) than agreeing (41%) with the proposal, while those working in neonatal services were more positive (63% agreeing and 23% disagreeing).

Figure 9: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY CONNECTION TO NHS SERVICES IN NORTH CENTRAL LONDON (individual questionnaire respondents identifying as members of NHS staff only)



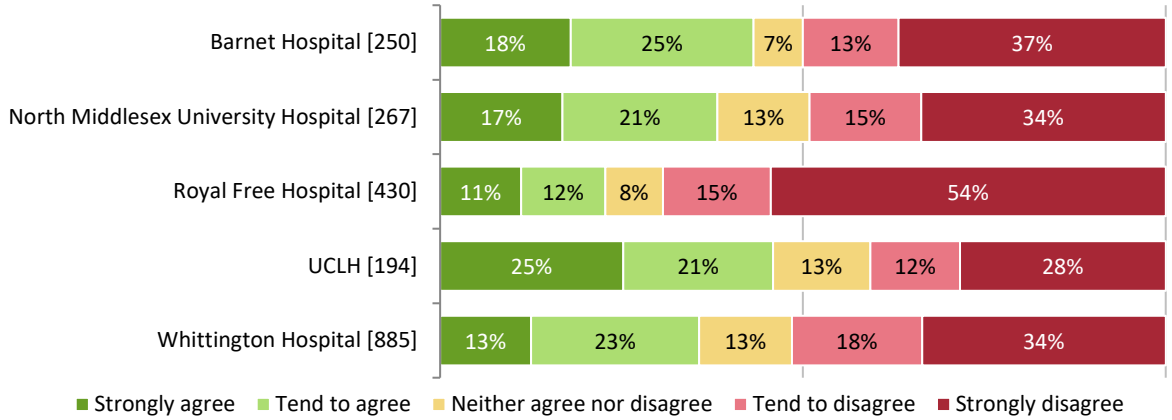
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on the proposal to deliver maternity and neonatal from four hospital sites rather than five, by geography

2.94 There is evidence that area of residence is a factor influencing respondents' views; respondents living nearest to Royal Free Hospital were again the most concerned about the proposal, more than two thirds (69%) either tended to disagree or strongly disagreed with the proposal (Figure 10).

2.95 Just over half (52%) of those living nearest to Whittington Hospital also disagreed, and only among those respondents living nearest to UCLH was there more agreement than disagreement.

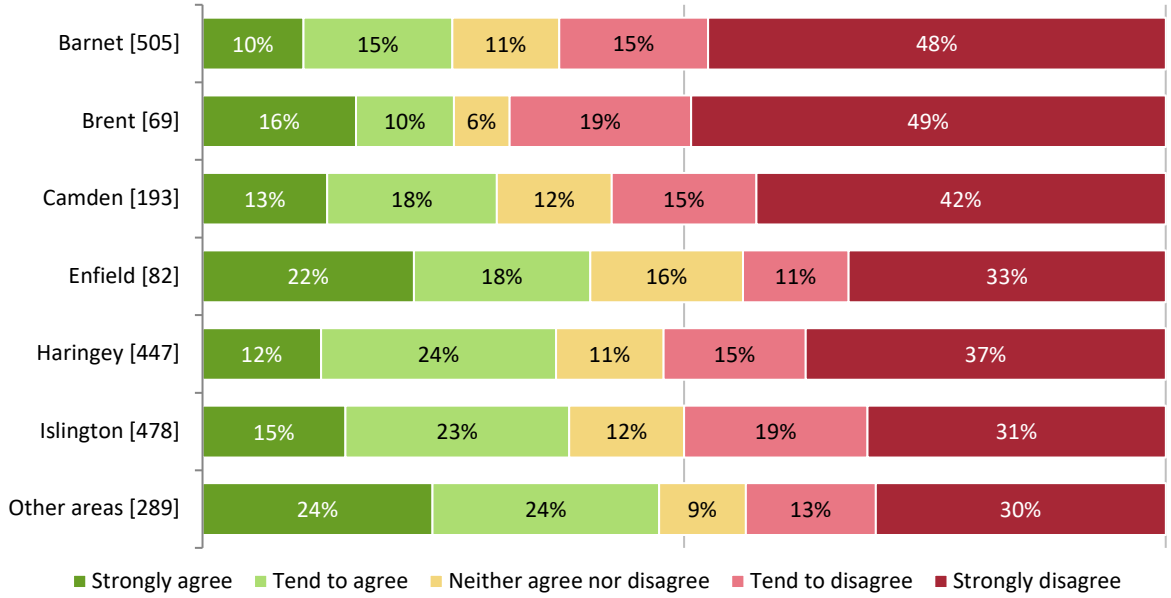
Figure 10: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY NEAREST HOSPITAL WITH CONSULTANT-LED MATERNITY CARE (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.96 In line with views from respondents living nearest to different NCL hospitals, opinions on the proposal to provide maternity and neonatal services at four NCL hospital sites in future varied across the boroughs in NCL and surrounding areas. Respondents living in Barnet, Brent, and Camden showed the highest levels of disagreement with the proposal (63%, 68%, and 58% disagreement respectively). While there was lower levels of disagreement, and higher levels of agreement, among respondents living in other boroughs, nevertheless, more than two fifths (44-52%) also disagreed with the proposal (Figure 11).

Figure 11: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on the proposal to deliver maternity and neonatal from four hospital sites rather than five, by other characteristics

2.97 There was more disagreement than agreement with the proposal to deliver maternity and neonatal from four hospital sites rather than five across nearly all groups, with only fairly minor variations:

- » views between respondents from more and less deprived communities within the catchment were broadly the same (Figure 35, Appendix II)
- » younger respondents expressed higher levels of disagreement compared to older age groups; those aged under 25 showing the highest proportion of disagreement (nearly two thirds or 65%) while less than half (45%) of respondents aged 55-64 disagreed (Figure 36, Appendix II)
- » respondents of Jewish or Muslim faith, and respondents identifying as of Arab or Jewish ethnicity (grouped within 'other ethnic groups' in charts due to relatively low absolute numbers of respondents) expressed the strongest disagreement of any groups (Figure 36)
- » the level of disagreement was also slightly higher (and agreement lower) among respondents who were pregnant or had given birth in the last year than those who had not, and among those with dependent children, compared to other respondents (Figure 37, Appendix II)
- » respondents with disabilities and those with unpaid caring roles also expressed higher levels of disagreement, and lower levels of agreement, than those who do not (Figure 37)

Views on proposed hospital site options for maternity and neonatal services

2.98 Respondents were given a brief outline of the two options for the configuration of maternity and neonatal services in NCL hospitals:

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

2.99 It was also explained that option A is the NHS's preferred option because it would mean fewer staff needing to move to a new location, and that, although more people would need to go to other hospitals in North West London under option A, these hospitals have more capacity than the hospitals in North East London that would be affected by option B.

2.100 The following question was then posed to respondents[25]:

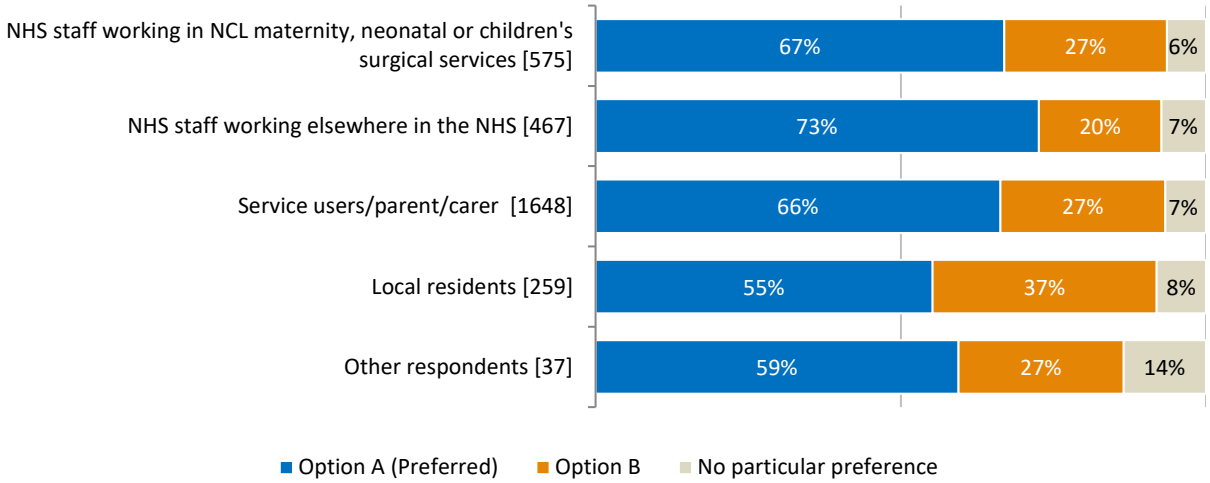
If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer?

Variations in views on proposed hospital site options, by respondent type

2.101 While there is some variation in views between respondents with different primary connections to NHS services in NCL, there was majority preference overall and within each group for the NHS's preferred option A. Around two thirds (67%) of NHS staff working in NCL maternity, neonatal or children's surgical services expressed a preference for option A, as did nearly three quarters (73%) of other NHS staff (Figure 12).

2.102 There was also a majority preference (two thirds or 66%) among service users, parents and carers for option A, with somewhat lower proportions of local resident respondents (55%) and other individual respondents (59%) preferring the same option. It should be noted, however, that sizable minorities in each group favoured option B, including over a quarter (27%) of service users, parents and carers, and NHS staff working in NCL maternity, neonatal or children's surgical services. More than a third (37%) of local residents also preferred option B.

Figure 12: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY RESPONDENT TYPE (individual questionnaire respondents only)

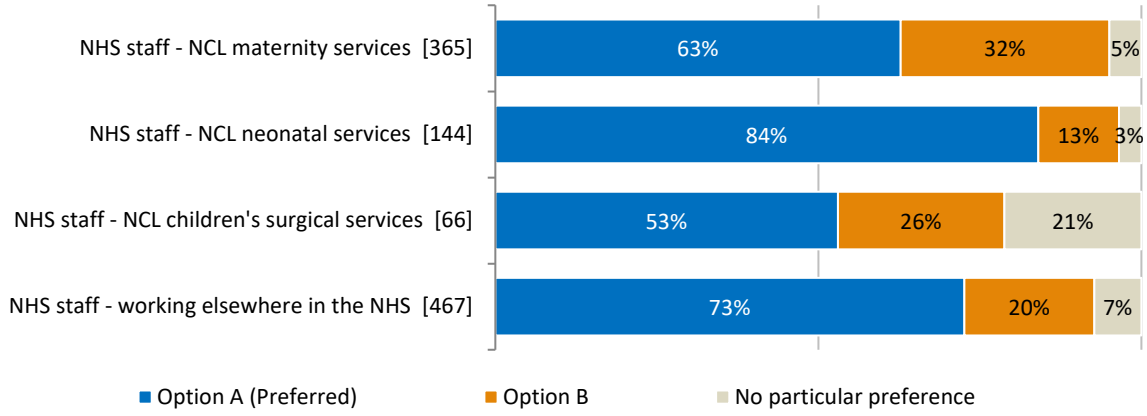


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

[25] It is worth noting that, while respondents were asked to indicate their preference, the consultation was not a vote, and this question was asked to understand both which option people preferred, but importantly to gain insights on why that was their view.

2.103 There were some variations in the views of NHS staff when looking at their connection to NCL services (Figure 13), with more than four fifths (84%) of NHS staff respondents with a connection to NCL neonatal services preferring option A. Most NCL maternity staff also preferred option A (63%), although it is worth noting that almost a third (32%) of them favoured option B.

Figure 13: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY CONNECTION TO NHS SERVICES IN NORTH CENTRAL LONDON (individual questionnaire respondents identifying as members of NHS staff only)

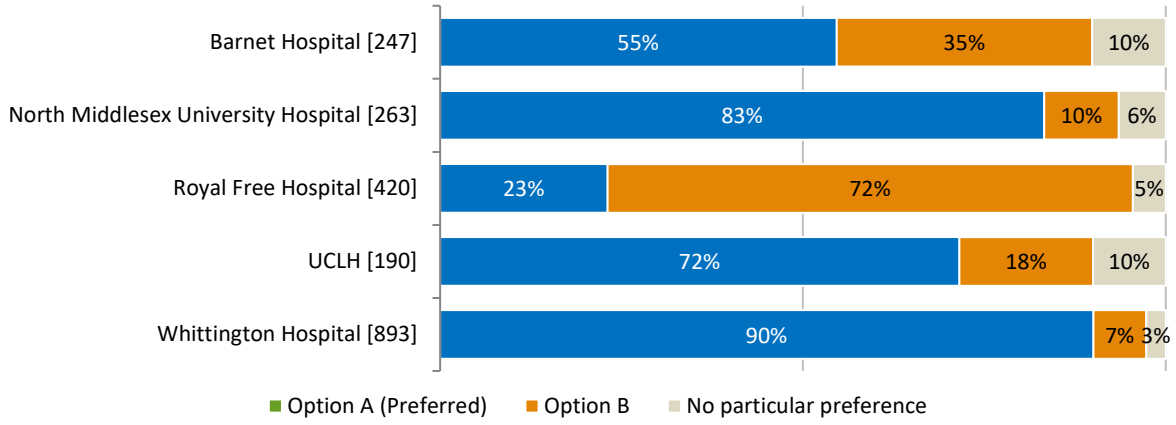


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on proposed hospital site options, by geography

2.104 Geography is again a factor influencing views, with views varying strongly between both hospital catchments and boroughs. When the response is broken down by respondents' nearest hospital of the five providing consultant-led maternity care in NCL (Figure 14), a very substantial majority (72%) of those living closest to Royal Free Hospital preferred maternity and neonatal care to continue to be delivered there. Elsewhere, however, option A was more widely preferred, especially for those closest to North Middlesex University Hospital or Whittington Hospital (83% and 90% preferring option A respectively).

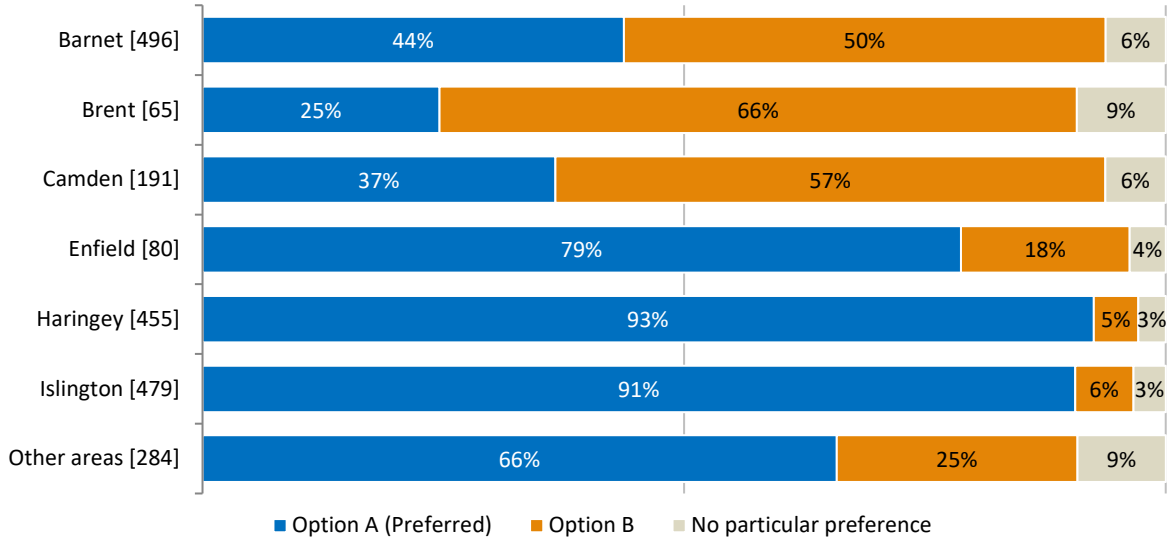
Figure 14: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY NEAREST HOSPITAL WITH CONSULTANT-LED MATERNITY CARE (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.105 Across the boroughs of NCL and surrounding areas (Figure 15) a greater proportion of those respondents living in Barnet, Brent, and Camden expressed a preference for option B (50%, 66% and 57% respectively), whereas, elsewhere, option A was more widely preferred.

Figure 15: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Variations in views on proposed hospital site options, by other characteristics

2.106 When breaking down views on the options for the configuration of maternity and neonatal services in NCL hospitals, if the proposal to deliver them from four hospitals were to go ahead, by relative levels of deprivation, there was majority support for option A across most demographic groups, although with some variation in strength of feeling and a small number of notable differences:

- » respondents living in more deprived areas within the affected catchment area expressed the strongest preference for option A, with around four fifths of respondents in IMD quintiles 1 and 2 (79% and 83% respectively) choosing that option (Figure 38, Appendix II)
- » lower proportions of respondents living in less deprived areas preferred option A (59% and 64% respectively in IMD quintiles 4 and 5) and substantially higher proportions preferred option B than in other areas (more than a third or 36% in IMD quintile 4, and 30% in IMD quintile 5 preferred option B)[26]
- » there were some variation in views on the location of maternity and neonatal services across other demographic groups, with half (50%) of the individual respondents aged less than 25 years preferring option B compared to 46% who preferred option A (Figure 39, Appendix II)
- » there was some variation among respondents in different ethnic and religious/faith groups, although with majority preference for option A across nearly all groups; the exception was among those of Jewish faith, of whom nearly three fifths (59%) preferred option B instead, while fewer than two fifths (37%) preferred option A (Figure 39)

2.107 It should be noted that it is clear in the open text feedback that many respondents of Jewish ethnicity and faith have a strong geographic and cultural connection to Royal Free Hospital. This feedback is explored in the next section of this chapter, along with the comments from other respondents, to explore the reasons for different views.

[26] It should be noted that a substantially greater proportion of respondents living in less deprived areas of the catchment also live closest to Royal Free Hospital (32%, compared to 14% in less affluent areas), suggesting that a local connection to hospital services may have a greater influence on views than deprivation per se.

2.108 Finally, there was no evidence of significant differences in views around the location options based on whether respondents were from lone parent households, were pregnant or had given birth in the last year or had dependent children; in all case the majority of respondents (around two thirds or more) preferred option A. The same was also true among respondents with disabilities or with unpaid caring roles (Figure 40, Appendix II).

Individuals' comments on the proposals for maternity and neonatal services in NCL

Introduction to feedback in open text comments

2.109 Following the closed (agree/disagree) questions reported above, respondents were offered the opportunity to add comments explaining the reasons for their views on different aspects of the proposals for changes to maternity and neonatal services in NCL:

> **Please explain your preference, and any general comments regarding the proposals to reduce the number of hospitals providing maternity and neonatal services from five to four, or the hospitals proposed to deliver maternity and neonatal care in the future. Please also explain any alternative solutions to address the challenges, or how any disadvantages associated with either option could be reduced.**

2.110 Of the 3,091 individual questionnaire respondent, just under two thirds (1,958) added comments, each of which has been read in full, and then classified (coded) using a standardised approach (code frame). High level themes emerging from comments are presented visually in charts in this chapter and then each theme is explored in more depth. Detailed tables of the percentages of comments raising each theme and sub-theme can be found in Appendix III of this report for reference.

Understanding the context for interpreting feedback in comments

2.111 Before exploring the views shared in comments, it is important to understand the context of the comments being made, particularly as they relate to the options for future locations of services in NCL. Key points to consider are that:

- expressions of a preference for one or other of the location options (A or B) in comments do not necessarily indicate support for the model of care, but rather a view on which hospitals should continue to deliver maternity and neonatal services if the changes were to go ahead
- while some respondents expressed positive support for one or other of the options, 'preferences' were also expressed in the negative (i.e. rejection of the 'other' option, including criticism of the hospital site)
- misgivings and criticisms shared in feedback often arise from a combination of factors, which may include individuals' own and others' experiences
- there was more support for option A than option B in the consultation overall, which is reflected in the number and detail of comments made around the location options; furthermore, around twice as many of the respondents who provided comments lived closer to Whittington Hospital, or another hospital in NCL, than to Royal Free Hospital

2.112 With this context in mind, it is therefore important to consider that:

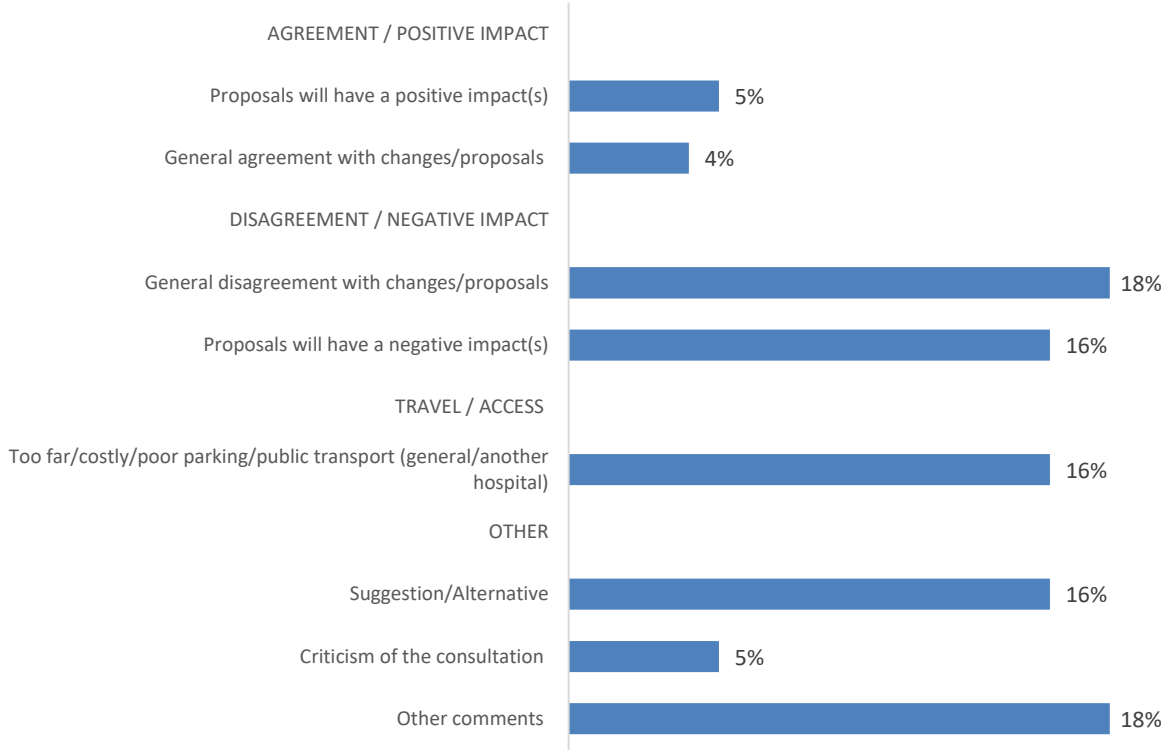
- while the overall balance of views expressed in comments is of importance, it is the reasons for those views that are critical to understand in order to ensure that the views of the minority are heard
- ORS' role is to ensure that all views and concerns around the proposals are summarised within this report; it is not ORS' role, however, to validate respondents' personal experiences or perceptions of NHS services in NCL
- any criticisms or misgivings expressed about the quality of care currently provided at NCL hospitals, while important to understand in relation to the proposals, should in no way be considered as an objective or independent evaluation of the standard of hospitals or services

Overall themes arising around the proposed model of care

2.113 Reflecting results from the closed question around the proposed overall model of care (delivering maternity and neonatal care from four NCL hospitals rather than five in future) as reported earlier in this chapter, there was evidence of concern and outright disagreement from a sizeable proportion of those who left comments (just under a fifth or 18% of those who left comments, Figure 16). A slightly lower proportion (16%) felt that there would be negative impacts if the proposals went ahead.

2.114 There were also, however, some individual respondents who expressed explicit support for the model of care (1 in 20, or 5%, Figure 16) and a slightly lower proportion (4%) felt that there would be positive effects.

Figure 16: Themes arising from comments on the proposed future model of care for maternity and neonatal services in NCL (individual questionnaire respondents only[27])



Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to maternity and neonatal services in NCL (1,958), Themes raised (4,679)

[27] The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages of comment sum to greater than 100%.

Individual respondents' reasons for agreeing with the proposed model of care

2.115 Those individual respondents who expressed general agreement with the proposal to deliver maternity and neonatal services from four units rather than five in future had a range of connections to services in NCL, including service users, parents and carers, NHS staff working in maternity, neonatal, or children's surgical services in NCL, and NHS staff working in other services or areas. Some of these respondents focused on the need for changes to be made to respond to the challenges faced by these services, and to make better use of resources.

> "Ideally there would be services available at five, but if resources aren't being used to best effect as a result of population changes, then it makes sense to make changes." **(Service user/parent/carer - NCL maternity services)**

2.116 NHS staff who agreed with the proposed model of care often highlighted the merits of providing a more consistent level of neonatal care across hospitals in NCL, for example, because they felt as though births are becoming more complex, and not having access to a level 2 neonatal unit could cause a delay in care.

> "It seems fundamentally unsafe to have such variation in neonatal care provision, especially as births are becoming more complex. There are a lot of hospitals very close together in North Central London and it seems safer to centralise care and expertise, as has happened to many medical specialities [in] West London." **(NHS staff – other service or area)**

2.117 89 respondents (around 1 in 20 or 5% of those who left a comment) felt that the proposals for maternity and neonatal services in NCL would have a positive impact, for example, by addressing staffing challenges.

> "I think the shortage of midwives means services are stretched at hospitals. By reducing the number of hospitals, I think it would allow for increased staff numbers at open units […]" **(Service users/parents/carers - NCL maternity, neonatal and children's surgical services)**

2.118 It should be noted, however, that the majority of these respondents had previously stated a preference for continuing to deliver maternity and neonatal services at Whittington Hospital, and some specifically linked option A (rather than the model of care overall) with the potential for positive impacts such as making the best use of resources and allowing for better and safer care:

> "Bringing together maternity services through option A will enhance and more equally distribute maternity services across NCL. It will help reduce staffing gaps and help with attaining high skills and the effective delivery of care." **(NHS staff - NCL maternity services)**
>
> "I do agree that keeping Whittington Hospital will improve global care for unwell and preterm babies as the neonatal staff and unit will grow and develop by looking after an increasing number of babies […]" **(NHS staff - NCL maternity services)**

Individual respondents' reasons for disagreeing with the proposed model of care

2.119 Most disagreement centred around the proposed closure of the units at one hospital, with many noting that 'local' access needs to be maintained and that women should have a choice in where they give birth:

> "I don't think either Royal Free [Hospital] or Whittington [Hospital] units should close. People need local access to maternity services." **(Service users/parents/carers - NCL maternity services)**

2.120 As mentioned above, 305 respondents (16% of those who added comments, Figure 16) felt that the proposals could have one or more negative impacts. Many of these respondents suggested that the proposals could lead to reduced quality of care or an increased risk to patients, if units were to close (at either hospital), especially for those with high-risk pregnancies.

> "Closing either unit is a recipe for adverse patient safety in the light of ongoing reviews into maternity care. Currently many adverse outcomes are occurring in trusts that have merged." **(NHS staff – NCL maternity services)**
>
> "None of them to close at all. It will be terrible for service users, especially for pregnant [women] and often with very high-risk pregnancy requiring the expertise of specialists having to commute much farther." **(NHS staff - NCL maternity services)**

2.121 Concerns were also expressed that the proposed closure of maternity and neonatal units at one hospital would lead to increased pressure on other maternity services that are already overstretched (mentioned by 79 respondents) and/or that it could increase pressure on other hospitals and local services (mentioned by 56 respondents) such as UCLH (who were already perceived to be struggling with current demand).

> "Closure of either of the hospitals will be a disadvantage as the service is struggling to meet the needs as it is due to the rate of birthing people and the choice in where they pick to have their care. Therefore, closure of one of the units will make the demand on the neighbouring hospital even higher […]" **(NHS staff – NCL maternity services)**
>
> "NHS maternity wards are already extremely busy and wait times in certain hospitals are atrocious. I can't imagine by eliminating one hospital would make this better [...]" **(Service users/parents/carers - NCL maternity services)**

2.122 Other negative impacts mentioned by respondents included the potential impact on staff and staffing (mentioned by 56 respondents, 35 of whom were NHS staff), and the potential negative impact on waiting times (mentioned by 6 respondents). These comments included mention that staff would be negatively impacted if their workload increases, they have to work at a different hospital, or if their training is impacted, which, as a result, could have a knock-on effect on the care given to patients.

> "[Whittington Hospital's maternity] unit was already very busy. I think it will cause staff burnout and poor care to reduce to 4 centres." **(NHS staff - other service or area)**

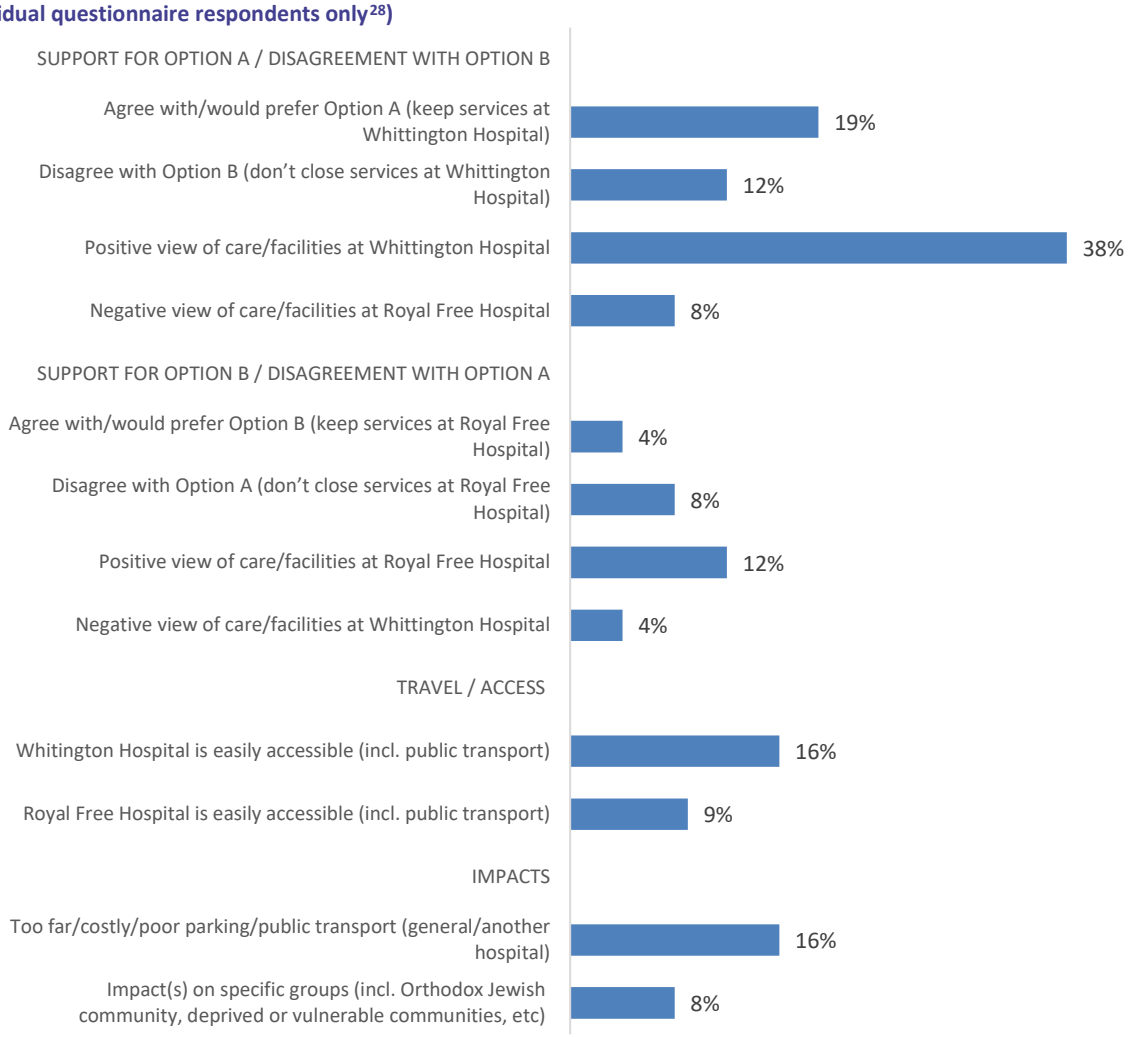
2.123 Issues related to travel and access to maternity and neonatal care at 'other locations', if units were to close at either Royal Free Hospital or Whittington Hospital in future, were commonly raised in comments; just over one in six (16%, Figure 16) raised general issues related to travel and access to services. Other travel concerns were raised that were specific to the options for future locations of services and are explored in more detail in the following section.

Comments on location options for NCL maternity and neonatal services

Overall themes arising around location options A and B

2.124 In response to the same open text question, many of those individual respondents who added comments gave some explanation of their views around the two options for the future locations of maternity and neonatal units, if the model of care (delivering services from four units rather than five) were to be taken forward (Figure 17 below).

Figure 17: Themes arising around the options for future locations of maternity and neonatal services under the NHS's proposals (individual questionnaire respondents only[28])



Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to maternity and neonatal services in NCL (1,958), Themes raised (4,679)

2.125 Around one fifth (19%, Figure 17) of those individuals who made comments favoured option A, and nearly two fifths (38%) stated a positive view of care, facilities and services at Whittington Hospital; conversely, around 1 in 20 (4%) expressed positive support for option B while approximately 1 in 8 (12%) expressed positive views of services at Royal Free Hospital.

[28] The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages of comment sum to greater than 100%.

2.126 As discussed previously, however, many of those who commented framed their views in terms of rejecting the 'other' option. In this regard, more than 1 in 10 (12%, Figure 17) stated specifically that services should not be closed at Whittington Hospital (i.e. expressed disagreement with option B) while around 1 in 12 (8%) rejected option A which would see units closed at Royal Free Hospital.

Individual respondents' reasons for agreement with option A and disagreement with option B

2.127 Many respondents (both NHS staff and service users/parents/carers) linked their preference for option A to the fact that Whittington Hospital already has a level 2 neonatal unit, whereas Royal Free Hospital has a level 1 unit that would need to be upgraded to level 2 under option B:

> "If a unit is being closed down, it makes sense to remove one which is level 1, rather than closing a level 2 and upgrading the existing level 1 […]." **(Service users/parents/carers - NCL maternity services)**
>
> "The Whittington [Hospital] already has a well-established maternity unit and busy neonatal level 2 unit [...] Royal Free [Hospital] is less used and only a level 1 neonatal unit. It makes more sense to close this unit if one has to be closed, especially from a neonatal staffing and training perspective." **(NHS staff – other service or area)**

2.128 There was acknowledgement, however, that while it could be viewed as most logical to close units at the hospital currently delivering only level 1 neonatal care (i.e. Royal Free Hospital), there would be an impact on services at other hospitals which would need to deliver more births as a result:

> "Makes more sense to close the level 1 unit, however, the deliveries will probably be extremely difficult to absorb across other NCL sites as all units are already at breaking point." **(NHS staff - other service or area)**

2.129 Other respondents felt that option A would be preferable because fewer staff would have to move to a new location than under option B, and hence would reduce the disruption to staff and the risk that they may decide to work elsewhere.

> "[The] Whittington Hospital [neonatal unit] is already a level 2, so there will be less disruption to staff. Some staff who work at the Whittington [Hospital] do not live in North Central London and if option B was chosen there may be a risk that the staff may leave to work closer to home, which in turn would affect staffing levels." **(NHS staff - NCL neonatal services)**

2.130 Nearly two fifths (38%, Figure 17) of respondents mentioned positive experiences and perceptions of maternity and neonatal care at Whittington Hospital. These comments included general praise of the care respondents have received at Whittington Hospital. For example:

> "[…] Much of the feedback about the Whittington Hospital is that we can provide a personal and community-like feel, which will be lost [...]" **(NHS staff - NCL maternity services)**
>
> "The Whittington [Hospital] provided exceptional mother-led care throughout COVID and made a huge difference to my mental health […] the fact that they have a focus on what mothers want is really unusual and necessary." **(Service users/parents/carers - NCL maternity and neonatal services)**

2.131 As mentioned previously, more than 1 in 10 respondents used their comments to 'reject' option B in favour of retaining services at Whittington Hospital. Some respondents did not elaborate further, while some added more details and referred to their own experiences with maternity or neonatal services at NCL hospitals when doing so.

2.132 A few NHS staff members, for example, had the view that Royal Free Hospital is currently struggling to provide maternity and neonatal services; one suggested that it may be better placed to provide other services such as complex cancer surgery instead:

> "The Royal Free Hospital maternity and neonatal services are not geared up for what is needed. The hospital should be focussing on providing complex cancer surgery, organ transplant and cardiovascular services. Maternity and paediatrics needs to be relocated away." **(NHS staff - other service or area)**

2.133 Whittington Hospital was described in broad terms as 'more accessible' and as serving a wider catchment area and a more deprived population (compared to Royal Free Hospital); it was suggested that many people would find it difficult to access other services if units at Whittington Hospital were to close, particularly those from areas in Haringey and Islington such as Finsbury Park and Archway.

> "I don't think there should be a decrease at all, however the Whittington [Hospital] is more accessible to a wider population. Therefore, I think this should stay open rather than the Royal Free [Hospital] unit." **(Service users/parents/carers - NCL maternity services)**
>
> "The Whittington [Hospital] is a busy maternity unit that provides care to a unique demographic of people. Closing [services at] the Whittington [Hospital] would be detrimental to already vulnerable populations. The unit is always busy and it would mean people who use the Whittington [Hospital] having to travel much further for care meaning they are less likely to receive as high-quality care." **(NHS staff - NCL maternity services)**

2.134 The opportunity to invest in and improve services and facilities at Whittington Hospital was commonly mentioned by respondents who preferred option A. It was suggested these improvements would be needed if the NHS's preferred configuration of services was to go ahead:

> "Whittington Hospital is in dire need of upgrading and this opportunity should not be missed." **(NHS staff - other service or area)**
>
> "My daughter's care at the Whittington [Hospital] was excellent. Further investment would improve the facilities to match." **(Service users/parents/carers - NCL maternity and neonatal services)**

Individual respondents' reasons for agreement with option B and disagreement with option A

2.135 More than one in ten of those who left a comment mentioned their positive view of, or experience with, Royal Free Hospital (mentioned by 227 respondents or 12% of those who left a comment, see Figure 17). These comments included general praise of the services or care respondents received at Royal Free Hospital, and mention of its reputation for having specialist services available for women with high-risk or complex pregnancies, for example:

> "RFH [Royal Free Hospital] offers vital and important care for all mothers-to-be and their babies. The staff and facilities are great." **(Service users/parents/carers - NCL maternity and neonatal services)**
>
> "The Royal Free [Hospital] is a hospital with many specialties. Mothers and their babies are better looked after in hospitals with more facilities and experts." **(Local resident)**

2.136 Some respondents disputed the case put forward for option A being the NHS's preferred option, rather than option B; it was suggested, for example, that option B should be the preferred option because it would be cheaper, and that Royal Free Hospital is located closer to a more diverse population than Whittington Hospital.

> "Option B […] is cheaper, and more cost effective because less patients will be pushed out of the north central area. Secondly it is more environmentally friendly as it will add less CO_2 per hospital journey. Thirdly the Royal Free [Hospital] is more diversely located than the Whittington [Hospital] which is closer to other hospitals." **(Service users/parents/carers - NCL children's surgical services)**

2.137 It was felt by some that the suggestion in the consultation document that option A was preferable because fewer staff would have to move was not well founded, or that it does not outweigh the benefits of option B in terms of "equitable access and cost".

> "The reasons presented for the preferred option are actually invalid. If neonatal services are developed at the Royal Free [Hospital], the staff will follow." **(Local resident)**

2.138 In support of option B, and rejection of option A, some respondents argued that Royal Free Hospital is able to care for service users with complex pregnancies or pre-existing medical conditions in a way that Whittington Hospital and other NCL hospitals cannot. There was also emphasis on the importance of joined up ante and postnatal care (i.e. those who receive specialist care at Royal Free Hospital also want to or would benefit from delivering their baby there).

> "The Royal Free Hospital provides highly specialist care to patients with significant medical conditions and this care and specialist knowledge cannot be replicated anywhere else in the region. Each year about 100 women who receive this highly specialist medical care also go on to deliver at the Royal Free Hospital. This specialist care is not available in any other hospital in the region, and without it, they would be at an increased risk of morbidity during their pregnancy and delivery […] We should consider if option B could work." **(NHS staff - NCL maternity services)**

2.139 Some respondents referred to specific specialties at Royal Free Hospital, including on-site vascular and 24-hour interventional radiology, hepatology, transplant medicine, and haemophilia input.

> "Whilst I agree that services should be rationalised, not all the hospitals have the necessary services to care for women with other medical problems (with other specialists on site). The Royal Free [Hospital] is unique in that it has services that some other sites do not and more importantly has specialist maternal medicine services including on site vascular and 24-hour interventional radiology which Whittington Hospital does not […]" **(Service users/parents/carers - NCL maternity services)**

2.140 The role of Royal Free Hospital as a teaching hospital, including for specialist care, was also mentioned as a reason to retain maternity and neonatal services at the site:

> "There is also a massive impact on training and the Royal Free [Hospital] is a teaching hospital with specialist services, so closing this unit will have an effect on this and the patients we look after." **(NHS staff - other service or area)**

2.141 Other respondents raised particular concerns about communities nearest to Royal Free Hospital that might be impacted by the closure of maternity and neonatal units at the hospital, including residents in parts of Brent who may already face barriers to accessing healthcare services:

> "[...] pregnant women will be forced to travel further, for longer, and at greater cost, to access healthcare. The Royal Free [Hospital] is used by women in the south of Brent, who are often those who struggle the most to access healthcare and support. These are often women on low incomes, working multiple jobs, women who cannot afford to travel further, for longer, and at greater cost." **(NHS staff – other service or area)**

2.142 Some respondents specifically raised a concern that option A would negatively impact the Orthodox Jewish community in areas such Golders Green and Hendon in Barnet. Respondents, including those of Jewish faith, explained that larger families are common in these communities that they would therefore be particularly impacted by the closure of their nearest units:

> "[...] Displacement for mothers (as outlined in your review) is significantly more extensive if the RFH [Royal Free Hospital] were to close instead of the Whittington [Hospital]. The RFH covers a much bigger area which includes communities that have a bigger number of pregnancies, which if it were to close it would cause disruption and force them to seek maternity services elsewhere." **(NHS staff - other service or area)**

2.143 Royal Free Hospital can also be reached on foot by these Orthodox Jewish communities which was described as important in view of restrictions around the use of transport on Sabbath days:

> "Furthermore, in the regular occurrence that an in labour/just post-birth mother has to be in hospital over Saturday, being in the Royal Free [Hospital] means that they can have visitors as it is within walking distance to Golders Green and Hendon. If Royal Free [Hospital] maternity services were to close, it would be a disaster for any Jewish birthing mother in hospital over the weekend." **(Service users/parents/carers - NCL maternity services)**

2.144 There were also more general concerns expressed around the loss of a local services for those living nearest to Royal Free Hospital, including that there might be an increased risk of children being born before reaching a maternity unit:

> "Royal Free [Hospital] is the most local hospital to anyone living in Golders Green and Hendon. For those of us with quick labours, we would never make it anywhere else and would give birth in the car! It is not a joke!" **(Service users/parents/carers - NCL maternity services)**

2.145 Finally, in relation to concerns about option A, a small proportion (4%, Figure 17) of respondents who left comments had a negative view of Whittington Hospital, including some personal accounts of the care they had received and the standard of facilities. This included some mentioning that, in their experience, the maternity ward was overcrowded, and that services and staff were overstretched. Others mentioned wider concerns about the condition of the facilities at Whittington Hospital, or referred to Care Quality Commission (CQC) reports.

> "Having personal experience, the age of the building at the Whittington [Hospital] presents physical constraints to the delivery of maternity services, which cannot fully be mitigated with a refurbishment." **(Service users/parents/carers - NCL maternity services)**

Concerns about current care and facilities elsewhere in NCL

2.146 Some respondents mentioned a negative view or experience with another hospital or the local NHS, for example suggesting that, if the services at either Royal Free Hospital or Whittington Hospital were to close, other hospitals in the area (including Barnet Hospital, North Middlesex University Hospital, and UCLH, among others) are difficult to access, are already oversubscribed, or would not be their preferred hospital to give birth at.

> "[…] Barnet Hospital is a nightmare for most to get to and the parking is awful [...]" **(Service users/parents/carers - NCL maternity services)**
>
> "If you shut Whittington [Hospital], then it means more people will be pushed to attend UCLH. UCLH is already extremely oversubscribed for women giving birth and NICU [Neonatal Intensive Care Unit] babies [...]" **(Service users/parents/carers - NCL maternity and neonatal services)**

Comments on travel and access to services

2.147 As shown in Figure 16 and Figure 17, comments that related to travel and access could be grouped into three categories:

- that the proposals would make it more difficult to access services, either in general or mentioning the impact of one of the proposed options (mentioned by 16% or 309 respondents of the 1,958 respondents)
- that Whittington Hospital was more accessible in general or to the respondent specifically (mentioned by 16% or 311 respondents)
- that Royal Free Hospital was more accessible in general or to the respondent specifically (mentioned by 9% or 171 respondents)

2.148 General comments around difficulty accessing services included mention of increased travel times, distances and costs, as well difficulties with parking or using public transport to access a different hospital if either Whittington Hospital or Royal Free Hospital were to no longer provide maternity and neonatal services. For example:

> "Neither of these hospitals should close their maternity units. It is important that women can access maternity care near their homes - a baby on its way won't slow down because a mother is a stuck in traffic on her way to a distant hospital, nor should women have to go out of their way to access other antenatal/postnatal services […] local women need and deserve somewhere convenient and accessible for their care provision." **(Local resident)**

2.149 There was also concern that there might be additional stress when labour starts for parents having to travel to a different or more distant unit:

> "[…] When a woman is about to give birth it's the most exciting and scariest moment of your life. Some would say the most dangerous operation you could have. Worrying about which hospital to get to if your waters break, should be the least of your worries in those moments [...]" **(Service users/parents/carers - NCL maternity and neonatal services)**

2.150 As mentioned previously, Whittington Hospital was described as being 'more accessible' by some, including for specific communities in the surrounding area such as Finsbury Park and Archway, as well as having good transport links from a wider area. There was also some feeling that the hospital serves an area in which residents might struggle to travel to Royal Free Hospital.

2.151 Some of these respondents mentioned there would be a negative impact on access to hospital services due to the poor accessibility of Royal Free Hospital, if services at Whittington Hospital were to close (57 respondents mentioned general poor accessibility, including poor parking, and 24 respondents mentioned poor public transport).

> "It's difficult to park at the Royal Free [Hospital] and, when you can park, the time is limited. It's also a long journey by tube." **(NHS staff - NCL maternity services)**
>
> "The Royal Free Hospital is rather inaccessible by public transport for anyone living in North London in Haringey or Islington, making it very difficult to go to appointments. The lack of pay and display parking around the Royal Free [Hospital] is a real issue too, making it difficult when giving birth […]" **(Service users/parents/carers - NCL maternity services)**

2.152 On the other hand, Royal Free Hospital was described as easily accessible on foot for the local Orthodox Jewish community (specifically in Golders Green and Hendon), as well as for others for whom being able to travel further by car or public transport might not be affordable, "given the high living cost associated with London."

2.153 A small number of respondents mentioned a potential negative impact on access to hospital services due to the poor accessibility of Whittington Hospital, if services at Royal Free Hospital were to close (35 respondents mentioned general poor accessibility, including poor parking, and 7 respondents mentioned poor public transport).

> "Option A is a ridiculous option for anyone on the Edgware branch of the Northern line who can't drive […] Both Whittington and Barnet hospitals are complex, time consuming journeys via bus to make antenatal appointments and ultimately birth at a hospital. Whereas I was able to walk to Royal Free [Hospital] after a short tube ride while in labour, then got a taxi back […]" **(Service users/parents/carers - NCL maternity and neonatal services)**

Comments with suggestions/alternatives

2.154 While there was broad agreement among questionnaire respondents with the need to make changes to address the identified challenges in the overall questionnaire response, as described above, there was a view among those who disagreed with the model of care that these specific proposals are not the solution, with some suggesting alternative approaches.

2.155 Overall, around one in six of those who left a comment (16% or 313 respondents, Figure 16) included one or more suggestions in their comment. This included both alternatives to the proposals put forward in this consultation and mitigations to reduce the impact of the proposed changes.

2.156 Many of these respondents suggested that, to address the challenges facing maternity and neonatal services in NCL, instead of spending money on the proposals put forward in this consultation, it should be spent improving/investing generally in local NHS services (mentioned by 84 respondents). This included the suggestion that there should be more services or units, rather than less, to meet the demands of the population in NCL, for example:

> "No closures would be preferred as we have more vulnerable pregnancies from ethnic minorities. These services should be increased not decreased." **(Service users/parents/carers - NCL maternity, neonatal and children's surgical services)**

2.157 Some respondents suggested that money should instead be spent improving/investing in Royal Free Hospital (mentioned by 59 respondents, over two thirds of whom were NHS staff members). Many of these respondents felt that maternity and neonatal services should not be closed in any hospital, and that the neonatal unit in Royal Free Hospital should instead be upgraded to a level 2 unit to meet the demand of the local population and reduce the risk of putting too much pressure on other local hospitals.

> "I would prefer none of the five units closed, and upgrade neonatal unit at Royal Free [Hospital]. London's population is rising and instead of expanding on services, it is foolish to close services […] [The] NHS requires more investment and any closures are not wise as in few years' time, you will require more capacity and that would be more expensive." **(NHS staff - NCL maternity services)**
>
> "In my clinical opinion, Royal Free [Hospital] needs a level 2 neonatal unit, to match the risk profile of the women delivering there. This would then automatically increase the numbers of deliveries." **(NHS staff - NCL maternity services)**

2.158 Another common suggestion (mentioned by 50 respondents) was that, instead of closing services at one hospital, the focus should be on improving staffing and job satisfaction, for example suggesting that staffing issues should be resolved by fixing the "root cause", which these proposals (it was said) do not.

> "The skill shortage needs urgent addressing - if midwives / clinical staff were paid appropriately there would be less of a problem." **(NHS staff - NCL maternity services)**
>
> "[…] To reduce the number of neonatal and maternity units available would further stress the system and the people within it based on space and availability. Instead, improving what you currently have operationally and with adequate staffing would be a better solution for all patients." **(Service users/parents/carers - NCL maternity services)**

2.159 Other suggested alternatives or mitigations, that were typically mentioned by individuals or a small number of individuals, included mention of changes that should be made to other hospitals, for example, improving the parking at Barnet Hospital to deal with the additional pressure caused by the changes. Some went even further to suggest that another hospital in NCL, such as Barnet Hospital or North Middlesex University Hospital, should be closed instead.

> "[…] It is impossible to park at Barnet Hospital, it takes at least half an hour to find parking […] If you were to build a multistorey car park and bring in lots more staff, this may help." **(Service users/parents/carers - NCL maternity services)**
>
> "I think that Barnet Hospital should be taken away and the Royal Free Hospital should be put back with option A. The Royal Free Hospital is more easily accessible for patients than Barnet Hospital." **(NHS staff – other service or area)**

2.160 Another alternative suggested was, rather than closing any units, to promote the hospitals that are less frequently used. Others suggested mitigations for if the proposed changes go ahead, such as to introduce 'capping' to limit the number of patients treated at each hospital, and to consider mitigations for transport and increased costs for further travel.

> "Transport and increased costs considerations if alternative sites based in zone one. Not all service users may be able to afford this. Ensuring job security & protection - role, banding, salary for displaced staff. Maternity services in London are already very overstretched, high acuity and vacancies. Can these changes ensure that when closed the other unit can deal with additional workload? Need to look at staff pay and retention issues. Government needs to address housing crisis & market for cause of families moving out of the areas." **(NHS staff – other service or area)**

Comments on potential impacts to specific groups

2.161 Around 1 in 12 of the respondents who added comments (8%, Figure 17) highlighted particular groups and communities when explaining the reasons for their views on the proposals. Many of these groups, and the ways that they might be impacted by changes, were also addressed in responses to a separate question and so are discussed in detail later in this chapter.

2.162 As mentioned above, there were particularly concerns around the impacts of the proposals and options for maternity and neonatal care on members of the Orthodox Jewish community because of aspects of their religious beliefs and practices, particularly around travel on the Sabbath, and how they might feel isolated in a more distant hospital.

2.163 Strong concerns were also expressed about impacts on other communities in NCL, including in a detailed comment around the potential for a disproportionate impact on pregnant women and people from minority ethnic communities who already face higher risks and poorer outcomes during pregnancy and birth.

> "The Royal Free [Hospital] provides specialist support services, and I am concerned that this proposed change will impact women with complex pregnancies. This is disproportionately women from a Black, Asian and Minority Ethnic background. There are disparities in maternal mortality rates, with black women facing almost four times the risk compared to white women […]" **(NHS staff – other service or area)**

2.164 Other groups highlighted as being potentially impacted by the proposals included individuals and families with a low income or from more deprived backgrounds (mentioned by 48 respondents), and those who do not have access to private transport or non-drivers (mentioned by 20 respondents), particularly in relation to being able to travel further to reach services. These concerns were raised in relation to both option A and option B, highlighting those previously mentioned as finding it easier to access Whittington Hospital (e.g. those from certain areas of Haringey and Islington) or Royal Free Hospital (e.g. those from certain areas of Barnet) respectively.

Other comments about the proposals for maternity and neonatal services

2.165 Almost a fifth of respondents who left a comment (18% or 359 of the 1,958 respondents) included other types of comments in their answers (shown in Figure 16 as 'other comments'). In more than half of these cases, respondents shared personal and sometimes detailed accounts of their experiences of services; while it is neither appropriate nor necessary to include such personal stories in this public report, any points made which have relevance to the current proposals were also categorised (coded) in other ways and are covered above and in the detailed tables in Appendix III of this report.

2.166 The next most common theme that arose in other comments was concern about what was described by respondents as the large and/or growing population in NCL (mentioned by 55 respondents), for example, suggesting that this had not been taken into consideration in the proposals.

> "You are not taking into account the proposed increase in housing, particularly in Enfield where the current Council's local plan is intending to build tens of thousands of new homes, i.e. more babies will be born […]" **(Service users/parents/carers - NCL maternity services)**
>
> "This will be a significant blow for the Jewish community in NW London if the unit at RFH [Royal Free Hospital] is closed. The community is growing in size and is not geographically moving towards the Whittington [Hospital]!" **(NHS staff – other service or area)**

2.167 Others commented on issues and implications that they felt should be considered if the proposals were to go ahead, such as the importance of ensuring sufficient resources are in place at all remaining units to deliver high quality care, including provision of other services such as psychological support:

> "[…] Ensuring that the selected hospitals have the necessary resources and capabilities to provide high-quality care is crucial to the success of any restructuring plan." **(Service users/parents/carers - NCL maternity services)**
>
> "As a psychotherapist working on a neonatal unit supporting parents and staff, I would like to highlight the importance of making sure that an adequate provision for psychological support for parents is put in place, whichever option is chosen. Both parents, who are often very anxious and at times traumatised, and staff, who are facing significant changes and uncertainty, will continue to require emotional support and opportunities for reflection." **(NHS staff – NCL neonatal services)**

Comments about the consultation process

2.168 Finally, around 1 in 20 (5%, Figure 16) of the respondents who added comments included some form of concern or criticism of the consultation process. The most common points raised in text comments were that more information was needed (mentioned by 35 respondents), for example more information on the number of beds that will be available the restructure or projections for population growth.

2.169 There was some suggestion that the information provided in documentation or questions asked in the questionnaire were misleading (mentioned by 33 respondents), for example, suggesting that they were worded in a way to gain agreement with the proposals.

2.170 Other comments made by a small number of respondents included more general criticism, that the consultation is a money-saving exercise, that a decision has already been made or, in a few cases, that the decision should be made by 'professionals'.

2.171 Finally, in response to this question, a few respondents criticised what they viewed as gender ideology or 'wokeness' which they described as detrimental to women:

> "I do not agree with the gender ideology on this document. It is extremely damaging to women. There is no such term as birthing people. This kind of rhetoric will put off many people from using any of the services that you provide as there is a lack of trust." **(Local resident)**

Questionnaire feedback – individuals' views on the proposals for Edgware Birth Centre

Views on the need for change to respond to the identified challenges

2.172 Respondents were given a brief overview of the challenges the NHS in North Central London has identified at its standalone midwife-led birth unit at Edgware Birth Centre in Edgware Community Hospital (including low birth rates and difficulties staffing the unit).

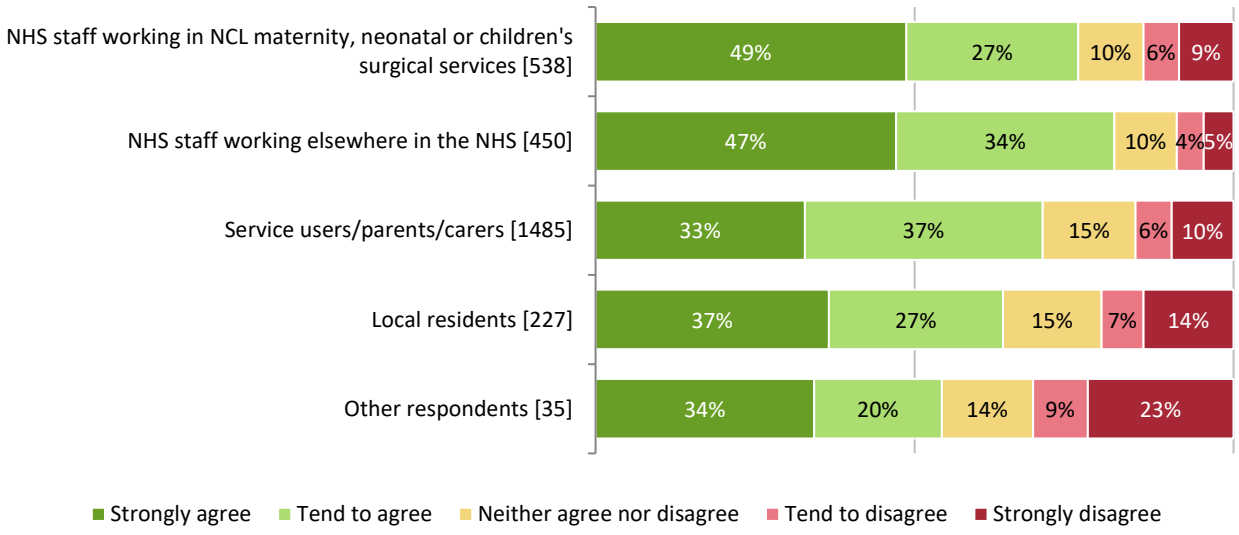
2.173 The following question was then posed to respondents:

> **To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges?**

2.174 There was broad agreement among those with different primary connections to NHS services in NCL with the need for changes to be made to respond to the challenges facing the standalone midwife-led birth unit at Edgware Birth Centre (Figure 18).

2.175 Respondents who identified themselves as NHS staff expressed stronger agreement with the need for changes to be made (76% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 81% of staff members working elsewhere in the NHS) than those with other primary connections (70% of service users/parents/carers, 64% of local residents and 54% of 'other' respondents who did not specify a connection to NHS services agreed).

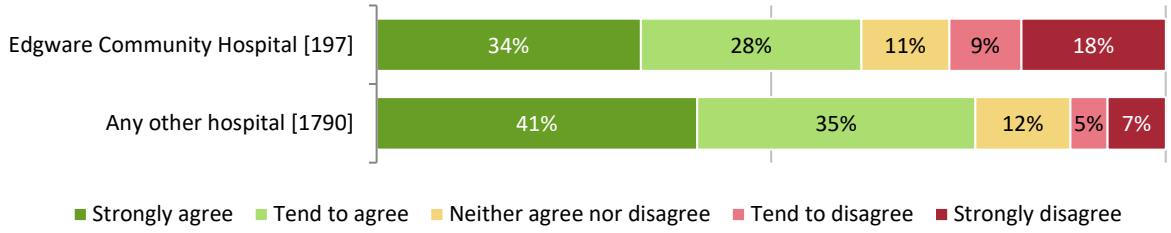
Figure 18: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.176 When looking at respondents' nearest hospital with a birth unit (whether standalone midwife-led or an obstetric-led unit with neonatal care, Figure 19), a lower proportion of respondents living closest to Edgware Community Hospital agreed with the need for changes to be made to respond to the identified challenges (61% agreed), and a higher proportion disagreed, than those closer to another hospital (76% agreed).

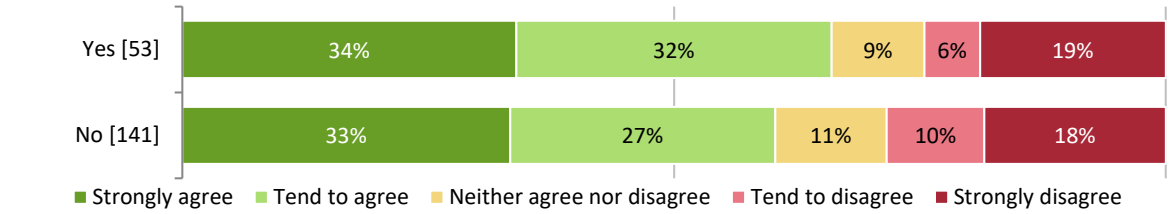
Figure 19: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY NEAREST HOSPITAL WITH A BIRTH UNIT (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.177 Among those living closest to Edgware Community Hospital, however, a slightly greater proportion of those who were pregnant or had given birth in the last year agreed with the need for change (66% agreed), compared to other respondents in the same area (60% agreement).

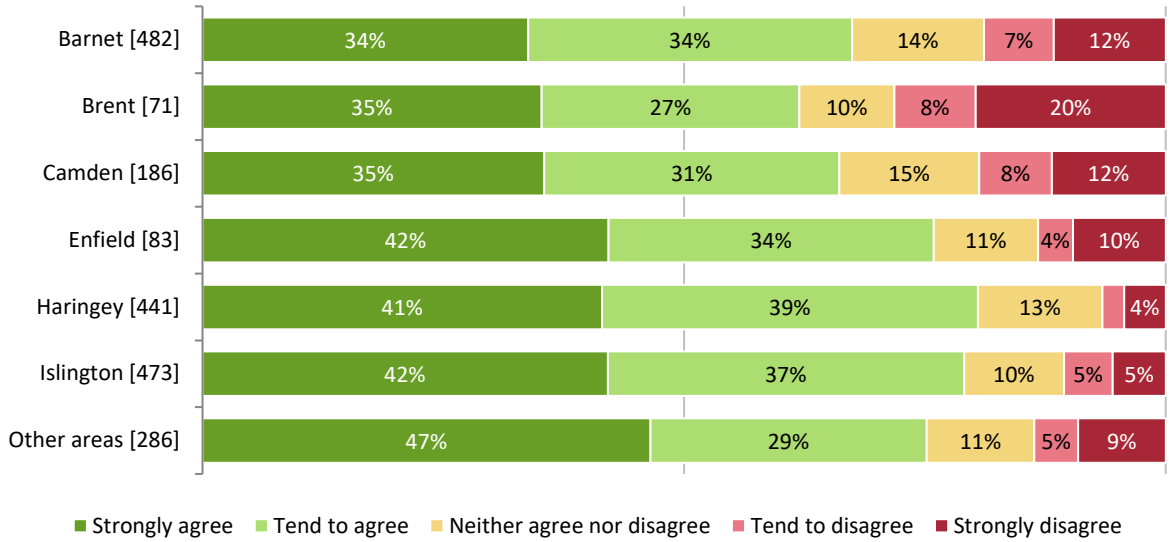
Figure 20: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY PREGNANCY/GIVEN BIRTH IN THE LAST 12 MONTHS (individual questionnaire respondents only, where postcodes were provided and Edgware Community Hospital was identified as their closest hospital with a birth unit)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.178 As with views on the need for change to respond to the challenges facing maternity and neonatal services in NCL, respondents living in the western boroughs of Barnet, Brent and Camden were less positive about the need for changes to be made to services at Edgware Birth Centre (67%, 62% and 66% agreement respectively) than those in eastern boroughs, such as Haringey and Islington (80% and 79% agreement respectively, Figure 21).

Figure 21: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.179 When views on the need to make changes to address challenges at the standalone midwife-led birth unit at Edgware Birth Centre in Edgware Community Hospital are broken down by other characteristics, there is very little evidence to suggest differences between respondents' views related to deprivation (Figure 41, Appendix II) or age and gender (Figure 42, Appendix II).

2.180 While there is some variation in the levels of agreement and disagreement between respondents with different ethnic backgrounds and religions and beliefs, between 64% and 77% of all groups agreed with the need for change (Figure 42).

2.181 Similarly, there were only very slight differences in views between respondents with disabilities or who have unpaid carer roles than other respondents (Figure 43, Appendix II).

Views on the proposed closure of the birthing suites at Edgware Birth Centre

2.182 Respondents were given a brief explanation that the declining birth rate and increasing number of moderate to high-risk pregnancies in North Central London mean that having these birthing suites (which are used once a month) does not represent a good use of resources. It was then explained that the ICB is proposing to close the birthing suites at Edgware Birth Centre.

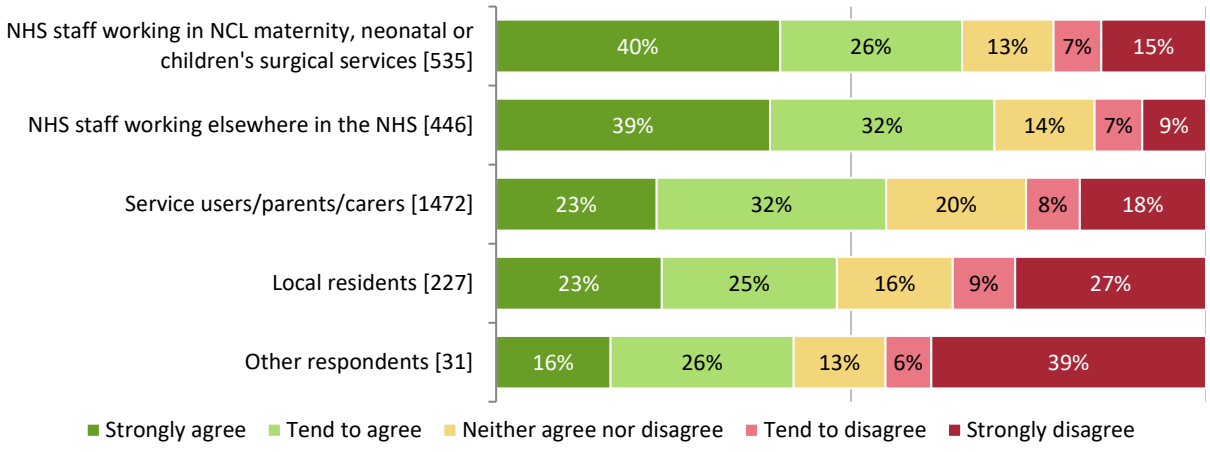
2.183 The following question was then posed to respondents:

> **Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)?**

2.184 Views on the proposal to close the birthing suites at Edgware Birth Centre were more mixed overall and in each group. Looking at respondents' connection to NHS services in NCL (Figure 22), around two thirds (66%) of NHS staff working in NCL maternity, neonatal or children's surgical services, and a slightly higher proportion (70%) of staff members working elsewhere in the NHS agreed with the proposal. However, it is still notable that roughly a fifth (21%) of those who work in NCL maternity, neonatal or children's surgical services disagreed.

2.185 Service users/parents/carers, local residents and other respondents were somewhat less positive than NHS staff (with 55%, 48% and 42% agreeing respectively).

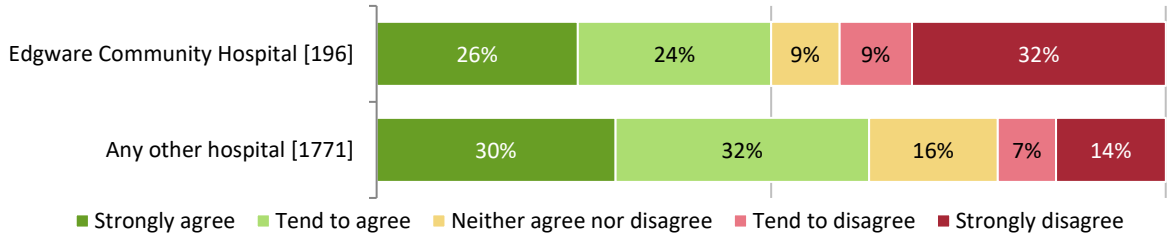
Figure 22: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.186 There are some small variations in views when considering area of residence; when the response is broken down by respondents' nearest birth unit (whether standalone midwife-led or an obstetric-led unit with neonatal care), a lower proportion of respondents living closest to Edgware Birth Centre in Edgware Community Hospital agreed (50%) with the proposal to close its birthing suites, and a higher proportion disagreed, than in other areas (62% agreement).

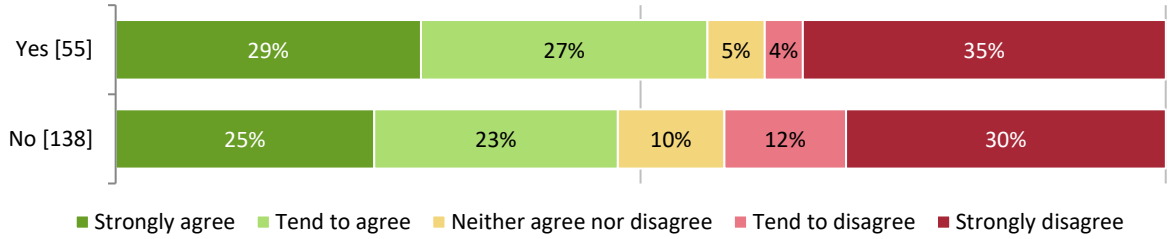
Figure 23: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY NEAREST HOSPITAL WITH A BIRTH UNIT (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.187 As with views on the need for change, however, respondents living closest to the standalone midwife-led birth unit at Edgware Birth Centre who were also pregnant or have given birth in the last 12 months were more positive about the proposal (56% agreed, compared to 48% of other individual respondents from the same area), although the base numbers of respondents in each group are relatively small and so caution should be used in drawing conclusions from this particular result.

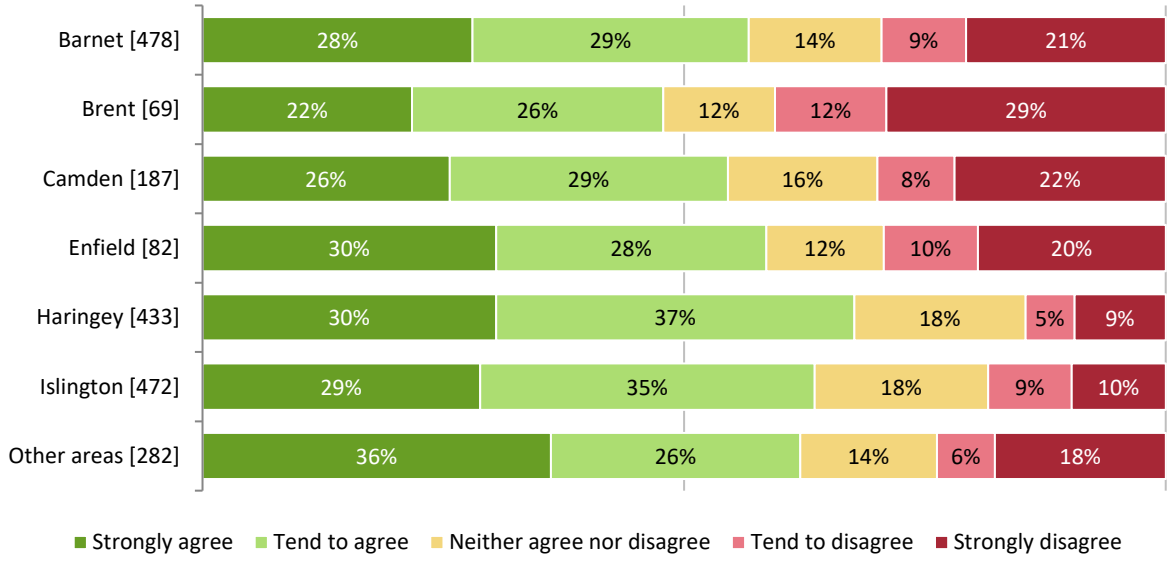
Figure 24: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY PREGNANCY/GIVEN BIRTH IN THE LAST 12 MONTHS (individual questionnaire respondents only, where postcodes were provided and Edgware Community Hospital was identified as their closest hospital with a birth unit)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.188 Across the boroughs of NCL and surrounding areas (Figure 25), respondents living in the western boroughs of Barnet, Brent and Camden were less positive about the proposal to close the birthing suites at Edgware Birth Centre (57%, 48%, and 55% agreement respectively) than those in other boroughs, such as Haringey and Islington (68% and 64% agreement respectively).

Figure 25: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

2.189 When looking at other breakdowns of views on the proposal to close the birthing suites at Edgware Birth Centre:

- there are very limited differences in views when broken down by relative levels of deprivation (IMD quintiles), with three fifths or more of all groups agreeing (Figure 44, Appendix II)
- there were differences in views by age group; the youngest respondents (aged under 25 years) and those aged 65 years or over showed the lowest level of agreement (49% and 53% respectively) compared to other age groups (Figure 45, Appendix II)
- there was also some variation in the level of agreement between respondents with different ethnic backgrounds and religions or beliefs, although in all case there was majority agreement (Figure 45)
- a lower proportion of respondents with a disability or long-term condition expressed agreement than other respondents (53% compared to 61%, Figure 46, Appendix II)

Individuals' comments on the proposals for Edgware Birth Centre

2.190 Respondents were invited to provide any comments on the proposal to close the midwife-led suites at Edgware Birth Centre (and provide any alternative solutions) through an open-text question:

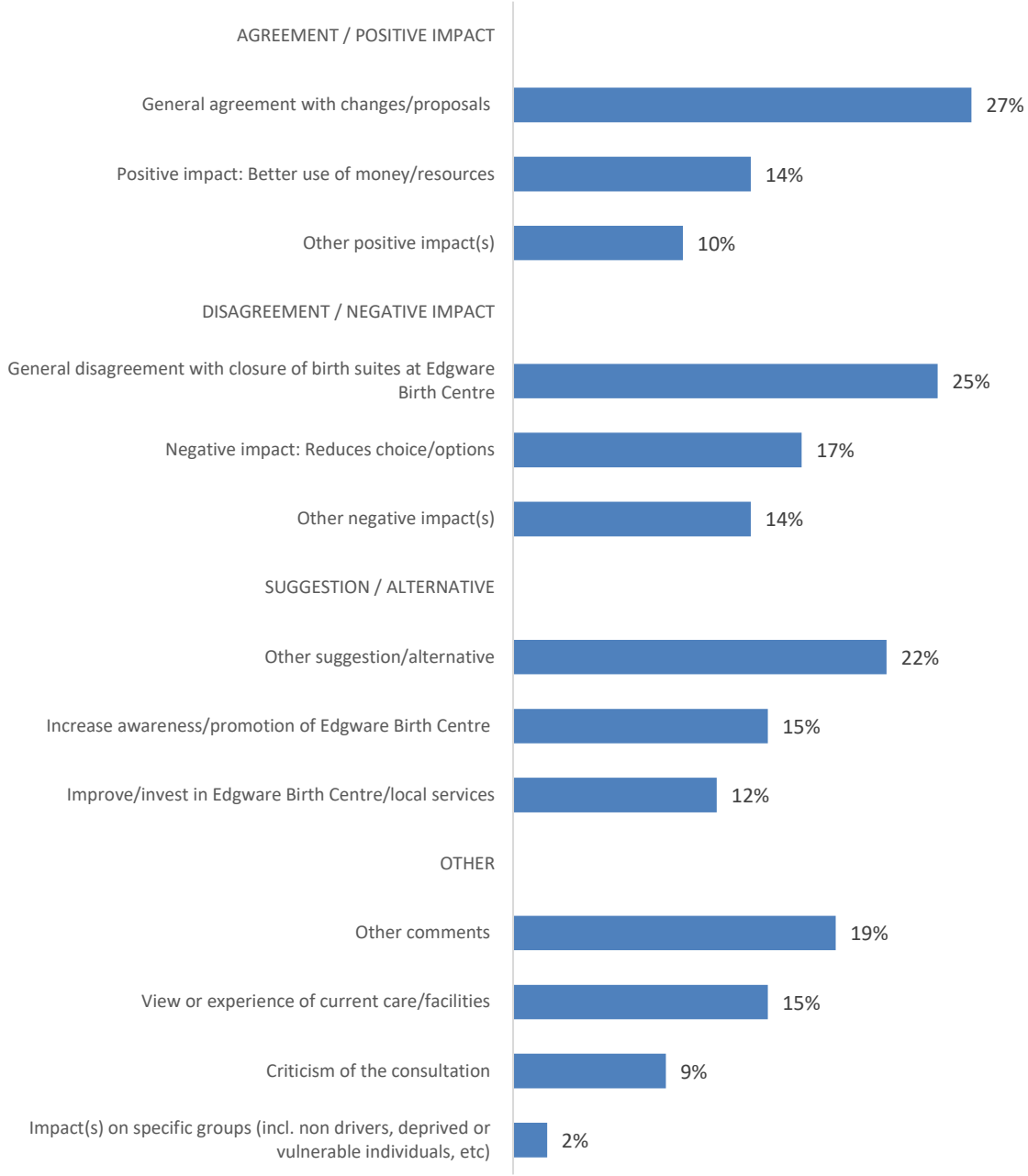
> **If you have any comments about the proposal to close the midwife-led birth suites at Edgware Birth Centre, please explain. Please also explain any alternative solutions to address the challenges, or how any disadvantages associated with our proposal could be reduced.**

2.191 Of the 3,091 questionnaires completed by individual respondents, just over a fifth (692) provided a comment to the open-text question on the proposals relating to Edgware Birth Centre. Each comment has been read in full, and then classified (coded) using a standardised approach (code frame).

2.192 A summary of the responses is shown in Figure 26 below. The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. In addition to the summary chart, a detailed table of coded text comments can be found in Appendix III of this report for reference.

2.193 The questions allowed respondents to provide detailed feedback; as such, some comments covered more than one theme and therefore the total percentages may sum to greater than 100%.

Figure 26: Themes arising from comments on the NHS's proposals relating to the standalone midwife-led birth unit at Edgware Birth Centre (individual questionnaire respondents only)



Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to Edgware Birth Centre (692), Themes raised (1,391)

Comments of agreement or support

2.194 Many of the respondents who provided a comment included mention of agreement with or support for the proposal relating to Edgware Birth Centre. As shown in Figure 26, over a quarter of those who left a comment (27% or 188 of the 692 respondents) expressed general agreement.

2.195 Many comments expressing agreement with the proposal, particularly those made by members of NHS staff, indicated that they understood the rationale underpinning the proposed changes. Some referred to the low numbers of births at Edgware Birth Centre, suggesting that this is unsustainable and likely to contribute to the de-skilling of staff, and, ultimately, a reduced quality of care and increased risk to safety. Others highlighted increases in the rates of complex pregnancies and births which Edgware Birth Centre is not designed to manage.

> "It is clear that a unit which delivers such a small number would struggle in the event of significant neonatal complications, with resultant ramifications on the baby, family and the staff involved. Expertise is only maintained by continually using that expertise." **(NHS staff - NCL neonatal services)**

2.196 Some felt that closing the service would have a positive impact, for example, by helping to free up resources and staff that they felt might be better utilised elsewhere e.g. in obstetric units and facilities that can be used for a greater proportion of births (a view expressed by 94 respondents, or 14% of those making comments, Figure 26), for example:

> "I think that the service at Edgware [Birth Centre] looks amazing but it is unfair that it is only available to a small number of women who are low risk. I think we should focus resources on providing a better service for the vast majority of women who can't, or wouldn't choose, to use Edgware to have their baby." **(NHS staff – other service or area)**

2.197 Others suggested that the use of the centre was unlikely to increase in future given the increasing complexity of births and due to a fairly widespread perception among service users that giving birth on a hospital site (whether in an obstetric unit or an alongside midwife-led unit) offers a safer option, given there would be much closer proximity to obstetricians in the event of an emergency.

> "I agree it's a good idea to take away this option - I imagine lots of people like me would decide to go to a hospital 'just in case'." **(Service users/parents/carers - NCL neonatal services)**

2.198 It was also highlighted that midwife-led care would still remain available at alongside units or via a home birth, and it was occasionally suggested that either of these options would be likely to appeal more than a standalone unit in any case.

> "Given that most hospitals offer birthing centres within, Edgware [Birth Centre] is not necessary at all. Most mothers even if they want to give birth in a birthing centre, will opt for one in a hospital so that in case anything goes wrong (which often happens), they can be whisked next door…." **(Service users/parents/carers - NCL maternity services)**

2.199 Linked to this, several respondents expressed a view that standalone units are, in fact, intrinsically less safe than other birth settings and, on that basis, were content that the birthing suites at Edgware Birth Centre

should close. A few had specific concerns about relying on ambulances to transfer patients to an obstetric unit in the event of complications arising during birth.

> "I… am increasingly worried that intrapartum emergencies or post-delivery emergencies can't rely on quick response from ambulance services to transfer as needed to hospital." **(NHS staff - NCL maternity services)**

2.200 It is worth noting that while some respondents, particularly service users and members of the public, agreed with the proposed closure of the birthing suites, they also caveated this view by stating that services should be maintained or improved elsewhere to offset the impacts. Some of these referred specifically to strengthening home birth or midwife-led provision or to maintaining the current maternity services provision across five NCL hospitals (i.e. not reducing to four sites).

> "I agree that there is no point keeping the birth centre open if it is underused, but you CANNOT afford to close both the birth centre and another unit." **(Service users/parents/carers - NCL maternity services)**
>
> "If the birth unit must close, it should be replaced with greater access to home births for eligible women." **(Service users/parents/carers - NCL neonatal services)**

Comments of disagreement

2.201 As shown in Figure 26, a quarter (25% or 173 of the 692 respondents) expressed general disagreement with the changes/proposals.

2.202 Comments expressing disagreement with the proposal to close the birthing suites at Edgware Birth Centre often emphasised the importance of maintaining choice (120 respondents, or 17% of those who commented, Figure 26) particularly in the context of Edgware Birth Centre being the only standalone midwife-led unit in NCL. It was noted that home births may not be a feasible alternative for everybody (e.g. those living in flats), and that the centre therefore provides the only opportunity for some individuals to give birth in a less medicalised, non-hospital setting.

> "I have facilitated the delivery of many babies at midwife-led birth suites and this service is not replaceable with any other. Women would lose from this and will feel that we are pushing them for a more medicalised approach and that is simply not fair! We have to advocate for women and their choices, not to close services." **(NHS staff - NCL maternity services)**

2.203 Others disagreeing with the proposal to close the birthing suites identified other possible negative impacts (96 respondents, or 14%, Figure 26).

2.204 For example, there was some concern about losing access to the good quality of care provided at Edgware Birth Centre, and in particular its more homely and less medicalised birthing environment. It was also noted that the service recently received a 'Good' rating from the Care Quality Commission.

> "The setting in Edgware Birth Centre is absolutely fantastic and more homely than any hospital would look like. The team is well attentive and dedicated to you and the whole environment is more peaceful and [gives] you the best conditions to give birth in a serene way. I'm sorry to say, but in hospitals, it always feel more like a factory." **(Service users/parents/carers - NCL maternity services)**

2.205 Some respondents, particularly NHS staff working in NCL maternity, neonatal or children's surgical services, felt that closing the birthing suites at Edgware Birth Centre might impact negatively on staffing, either in terms of preventing staff developing their skills, or by exacerbating current retention and recruitment difficulties.

> "Closing the birth centre would […] also hinder the development and training of future midwives, like myself, who greatly benefit from the hands-on experiences and learning opportunities that a midwife-led birth centre provides […]" **(NHS staff - NCL maternity services)**

2.206 Specifically, and contrary to opinions expressed elsewhere, staffing Edgware Birth Centre was occasionally said to help maintain or even enhance midwives' skills, by offering them more scope to exercise autonomy and exposing them to a greater number and range of low-risk births.

> "[Edgware Birth Centre] also provides midwives with autonomy to work on their own without the interference of doctors. Once this unit shuts down, the autonomy of midwives will begin to diminish." **(NHS staff - NCL neonatal services)**

2.207 Other respondents who either disagreed with, or identified a negative impact arising from, the proposal highlighted the excellent outcomes associated with standalone midwife-led units (said by some respondents to be the safest setting for low-risk births).

> "'Evidence shows that standalone birth units are safest for women and people whose pregnancy is assessed as low-risk… This means you would be removing the safest option for 30% of expectant mothers." **(Service users/parents/carers - NCL maternity services)**

2.208 Others highlighted that standalone units are associated with lower rates of interventions such as caesarean sections and inductions of labour and were critical of what they perceived to be the increasing 'medicalisation' of birth.

> "Birth is being increasingly medicalised and interventions are too often unnecessary and disempowering - there are too many women and birthing people experiencing traumatic births." **(Service users/parents/carers - NCL maternity services)**

2.209 Some respondents also feared that closing a birthing facility in NCL was likely to increase demand on other services, particularly in light of population growth and the ICB's proposal to provide obstetric-led maternity services from four sites in the future.

> "If the 30% of low cases are forced to use the hospital units, meaning 100% of the cases having to use the hospital, this will reduce the amount of care available to the 70% who are deemed higher risk cases. There are currently over 16,000 new homes being built in the area serviced by Edgware birth centre. It is safe to assume that there will be a large number of people and families in these developments requiring maternity services over the coming years." **(Local residents)**

2.210 A few respondents also identified possible negative impacts associated with travel and access, such as additional travel time and costs for service users and staff, which a few felt may be further exacerbated if maternity services are also removed from Royal Free Hospital.

> "If the Royal Free [Hospital] closes, women in Edgware face a much longer and more difficult journey in labour with increased travel costs." **(Service users/parents/carers - NCL children's surgical services)**

Comments about possible alternatives and other suggestions

2.211 As shown in Figure 26, several respondents made comments identifying possible suggestions, alternatives or other mitigations.

2.212 The most common suggestion or alternative (raised by 106 respondents, or 15% of those who commented) was to promote or advertise the centre more widely across the catchment area. In this context, it is worth noting that many service users reported having been unaware of the centre's existence during their pregnancy.

> "Really don't think you have done anything to promote this service through the existing services at hospitals and antenatal clinics. Who knew this even existed? I think you need another year of promoting this." **(Service users/parents/carers - NCL neonatal services)**

2.213 Similarly, there was some suggestion that doctors and midwives are not proactively presenting Edgware Birth Centre as a viable option, or that women are often being steered towards giving birth in a hospital setting.

> "I am surrounded with women having low risk pregnancies, but noticed that unless they have decided themselves they wanted to try home birth or natural birth, it's never something that the staff encourages." **(Service users/parents/carers - NCL maternity services)**

2.214 Doing more to promote different birthing options and increase education and knowledge (among both service users and staff) was therefore widely put forward as a potential suggestion to help service users to make informed decisions around birth and potentially increase the numbers giving birth at the centre.

> "Spend funding to upskill midwives to deliver care confidently in standalone units as majority of training is held in hospital environments. Fear of litigation can enhance defensive practice and also affect how information is presented to people when making choices… Investing in education for staff and mothers is vital to ensure information is imparted effectively and accurately as this in turn will impact uptake of services." **(NHS staff – NCL maternity services)**

2.215 There was also support for improving/investing in Edgware Birth Centre and local services rather than seeking closures (expressed by 81 individual respondents, or 12% of those who left a comment, Figure 26). This was

often supported on the basis that expanding the birth centre and increasing its activity might relieve pressure on other services in NCL. It was also suggested that this would ultimately prove cost-effective by helping to increase the number of natural births (and thereby reduce the rate of assisted births, caesareans and other interventions) and support better maternal mental health.

> "The high rate of normal deliveries without the need for forceps or section, shorter stays and improved breastfeeding rates and support afterwards to help avoid PND, all must save the NHS money in the long run. I suggest that an attempt is made to bring EBC [Edgware Birth Centre] back to what it was with a dedicated team of midwives and Maternity Assistants so it is a 24/7 service again and that it can get back to welcoming 30+ babies again each month." **(Service users/parents/carers - NCL neonatal services)**

2.216 In this context, a few respondents advocated for promoting Edgware Birth Centre as a centre specialising in low-risk midwife-led pregnancies, freeing up resources for other centres to focus on the majority of births that are categorised as higher risk (particularly if demand on other centres were to increase as a result of providing maternity services from four NCL sites in future).

> "By your own admission 30% of pregnancies are low risk, this could become a centre that could accommodate a large volume of these, enabling other centres to focus on complex pregnancies. Investing in the Edgware centre would help the other centres to manage increased levels of acuity." **(NHS staff - NCL children's surgical services)**

2.217 Additionally, a few respondents felt that Edgware Birth Centre might be safeguarded by investing in staffing and doing more to recruit and retain midwives.

> "If there are not enough midwives, then employ more. We hear of women wanting to enter midwifery, but [they] can't get a position." **(Service users/parents/carers - NCL children's surgical services)**

2.218 A small number of respondents wondered whether the proportion of women eligible to give birth at the centre might be increased, either by equipping Edgware Birth Centre to deal with more complex births or by introducing more flexibility into the criteria around what constitutes a 'medium' risk pregnancy.

> "Perhaps having a holistic approach where women are not considered high risk just because of their ethnicity, age etc. and being more flexible with 'allowing' women to give birth at EBC [Edgware Birth Centre], by revisiting hospital guidelines." **(NHS staff - NCL maternity services)**

2.219 A small number of respondents suggested that relocating the standalone birth centre in an alternative location (for example, a location that is more central or closer to an obstetric unit) might lead to it being more widely used.

> "I believe this unit is too far out. If there was one built between Whittington [Hospital] and UCLH to share care then it would be far busier!" **(NHS staff - NCL maternity services)**

2.220 There was also occasional support for reallocating the resources to Royal Free Hospital to help maintain maternity services at the site (either maintaining the existing maternity provision at Royal Free Hospital, or

in the event that the NHS proceeds with its preferred option of closing maternity and neonatal services at the site, establishing a new midwife-led unit at the hospital instead).

> "I think Royal Free [Hospital] could provide standalone birth centre services. Central location, a loyal Jewish community that comes to Royal Free [Hospital] for 2-3 generations will continue to attend. There are plenty of low-risk labours and births attended at Royal Free in their obstetric unit. It would justify the continuity of the unit and could adapt to look after the odd complex case that required specialist obstetric care." **(NHS staff - NCL maternity services)**

2.221 One comment was also made in favour of reallocating resources from Edgware Birth Centre to improve provision at Barnet Hospital.

> "The money could be used more efficiently by redesigning a new maternity unit in Barnet Hospital, maybe with its own section with a walkway to the main hospital (like Chase Farm, with the Highland wing to the main building)." **(NHS staff - NCL maternity services)**

2.222 Others also suggested widening the catchment of Edgware Birth Centre and promoting its services across a wider area (e.g. Hertfordshire or other parts of London).

> "An alternative solution could be to promote the birth centre better in North London hospitals and widen the catchment area … Surely letting low risk patients in hospitals across North London but also surrounding areas (i.e. Ruislip, Watford etc) know about the standalone birth centre would increase the number of births there, while taking pressure off hospitals." **(Service users/parents/carers - NCL maternity services)**

2.223 Other suggestions made to support the future of Edgware Birth Centre included:

- reducing the size of the centre, to possibly achieve efficiencies

> "Rather than scrapping altogether, a reduction in the size of the unit may be a better option if possible." **(Service users/parents/carers - NCL neonatal services)**

- ringfencing staffing, so that its midwives are not required to attend other units at short notice

> "The staff at the Edgware Birth Centre need to be ringfenced for the births and care there, so that the service is sustainable and doesn't have to close due to staff being pulled into labour wards to plug other staffing gaps." **(Service users/parents/carers - NCL children's surgical services)**

- running the birthing suites as an 'on call' service (similar to that provided for home births)

> "I think the option of more sustainable methods to keep birth services available should be explored… For example, midwives on call like at home births instead of staffing the centre all the time." **(Service users/parents/carers - NCL maternity services)**

- increasing the range of services offered at Edgware Birth Centre by, for example, making it a hub for triage and postnatal care and young children's healthcare

> "Make these places maternity hubs for antenatal and postnatal care and beyond like Sure Start centres. Including 0-5 years health." **(NHS staff – other service or area)**

» using Edgware Birth Centre to provide educational support and promote healthy living measures that could help to reduce rates of complex pregnancies over the longer term

> "I believe much more emphasis should be focused on providing education and resources to lower women's pregnancy risk - correct nutrition and regular antenatal classes as an example to reduce obesity and gestational diabetes… Edgware Birth Centre is the perfect environment to provide these services to women…." **(NHS staff – other service or area)**

2.224 Finally, as noted above, some respondents had expressed a view that provision for midwife-led births (either at alongside units or at home) would need to be expanded to mitigate the impacts of closing the birthing suites at Edgware Birth Centre. A few respondents specifically suggested that more rooms would be needed at alongside midwife-led units to accommodate demand.

> "If you close the Edgware unit, could you increase provision of midwife led birth centre rooms attached to other hospitals? Sometimes the rooms in these birth centres are full which means women with low-risk pregnancies have to go to the labour ward and don't get the birth experience they want…." **(Service users/parents/carers - NCL neonatal services)**

2.225 Others highlighted that Edgware Birth Centre offers good provision for water births and this would need to be enhanced elsewhere if the centre is to close.

> "Not all birth rooms in NCL birth centres have pools and there is very limited availability on labour wards, with some not offering it at all. Therefore investment to provide further water facilities within remaining Birth centres and labour wards to replace those removed would need to be considered." **(NHS staff - NCL maternity services)**

Other comments and concerns

2.226 A sizeable minority of respondents referred to the proportion of pregnancies in NCL that are currently categorised as medium to high risk. Many felt seven-in-ten to be unnecessarily high and some felt that the criteria for determining risk levels ought to be reviewed, which might, in turn, help to promote wider usage of Edgware Birth Centre. A few service users provided anecdotes about instances where midwife-led care had successfully been provided during birth, even if NHS staff had previously judged the pregnancy to be 'higher risk'.

> "The assessment and labelling of women as high risk should be looked at. It is unlikely that 70% is a true representation of 'high risk' pregnant women and by labelling them as thus, it narrows the advised birthing options." **(Service users/parents/carers - NCL maternity services)**

2.227 Linked to the above, it was suggested by a small number of respondents that there is a 'hidden' or latent demand for the service on the basis that many more would use if they were able to do so.

> "You should not only be looking at how many births happened but also how many women were booking in. I for one was due to give birth there and wasn't able to as my baby was late - I should be in the figures too to illustrate demand!" **(Service users/parents/carers - NCL maternity services)**

2.228 In addition, a few suggested that Edgware Birth Centre being underused is closely linked with the ongoing uncertainty over its future and temporary closures, and therefore birth numbers cannot be relied upon as a good indicator of demand.

> "How can pregnant women be expected to use a birth service with unreliable opening hours? Would you book your holidays with a hotel which may be closed?" **(Service users/parents/carers - NCL maternity services)**

2.229 Around a tenth (9%, Figure 26) of those who commented made some form of criticism of the consultation, e.g. suggesting that the ICB has made up its mind to close the birthing suites at Edgware Birth Centre, that the questionnaire or document contain bias, or that the proposals are financially motivated.

2.230 A number of these respondents also made suggestions that the data underpinning the proposal to close the birthing suites at Edgware Birth Centre may be misleading, incomplete or potentially flawed, for example, on the basis that the statistics used to illustrate low birth numbers at the centre:

- are lacking in relevant detail

> "Again, the evidence that was provided in the document is lacking. How often was the centre closed due to lack of staff? How many birthing people originally wanted to use the facility but were denied? What were the core reasons for denial? How is this information broken down by race?" **(Service users/parents/carers - NCL maternity services)**

- are unrepresentative because they include the COVID pandemic period

> "During the data point mentioned above (April 2021-March 2022) the UK was still experiencing the effects of the COVID-19 pandemic and multiple NHS services were not operating as usual, therefore these numbers could possibly not be reflecting an accurate representation of what would be expected in "normal" times." **(Local residents)**

- cover too short a period, or do not take account of the birth rate potentially increasing in the future

> "Birth numbers can rise and fall depending on the population... You cannot compare it based on two years of data." **(NHS staff – other service or area)**

2.231 There was also some uncertainty about whether the ICB has considered the full implications of, in future, providing obstetric-led maternity services and neonatal services from four hospital sites instead of five with, it was suggested, some possibility for birth numbers at Edgware Birth Centre to increase if local women can no longer attend Royal Free Hospital.

> "Service user numbers at Barnet and Whittington [hospitals] will undoubtedly expand if Royal Free [Hospital] maternity unit closes. Keeping Edgware Birth service open will help to service the population of Hendon, Colindale, Cricklewood and Kilburn, as EBC is closer in proximity for families in these areas, than Barnet or Whittington." **(NHS staff - NCL maternity services)**

2.232 In a similar context, some noted possible additional demand on services in future as a result of population and demographic changes i.e. more younger adults and families moving into the area:

> "As the make-up of our communities is constantly changing, especially now that Barnet are introducing several thousand new housing units with a constant influx of new families, it is vital that we maintain the current options available locally for pregnant women." **(Service users/parents/carers - NCL children's surgical services)**

2.233 A few respondents suggested that, while only a minority of births (around three-in-ten) are deemed to be low risk, this is still a sizeable number in real terms and ought to be enough to justify keeping Edgware Birth Centre's birthing suites open.

> "Emphasising that "around 70% of births in North Central London are assessed as being moderate to high risk" seems disingenuous where (a) 30% is a sizeable percentage in its own terms; and (b) no indication is given of the number of births, meaning that it's difficult to gauge how many people 30% represents." **(Local resident)**

2.234 Finally, a small number of respondents (11 individuals; 2% of those commenting, Figure 26) highlighted concerns in their responses to this question about impacts on particular equalities groups, or felt that more work needed to be done to understand the possible effects on different sections of the community.

2.235 It was suggested, for example, that less affluent families would be more impacted by the proposals on the basis of increased travel and access difficulties and being less likely to have the means and opportunity to choose a home birth.

> "Poorer women will be disadvantaged most as they will have to travel a long way in labour and public transport in Edgware is poor." **(Service users/parents/carers - NCL children's surgical services)**

2.236 A small number of respondents also raised concerns about impacts on other sections of the community, including some ethnic groups. The most detailed of these were expressed as part of longer submissions made by midwives associated with Edgware Birth Centre and have been summarised below.

Detailed additional feedback from midwives at Edgware Birth Centre

2.237 Among the individual comments made about the proposal were two longer, more detailed responses from members of midwifery staff associated with Edgware Birth Centre, advocating in favour of services remaining in place. Although different, these two responses raised broadly similar points, which have been summarised below.

2.238 The comments highlighted the 'Quality Improvement Project' being undertaken to improve numbers of referrals to Edgware Birth Centre, with measures including: having the centre as a specified option on the online self-referral form, engaging proactively with women who show an interest in this option, and

undertaking education and meetings with local antenatal clinic staff. It was suggested that these measures have led to considerable increases in both referrals and births over a relatively short timeframe – despite many women being under the misapprehension that the centre has already closed due to the publicity arising from the consultation.

2.239 The feedback also emphasised the quality of care and good safety record at Edgware Birth Centre, including working relationships with the ambulance service and paramedics to facilitate transfers where needed, and the fact that it recently received a "Good" rating and positive feedback from the Care Quality Commission.

2.240 The staffing situation at Edgware Birth Centre was also said to have improved, with significant improvements to on-call cover. Alongside further detail about staffing arrangements, it was suggested that the closing the birthing suites would not, in fact, achieve efficiencies as its staff also run the home birth service and would therefore need to remain 'on call' for the same number of hours.

2.241 In the London context, it was emphasised that Royal Free London NHS Foundation Trust has a strong track record in promoting Maternal Continuity of Carer (MCoC), and that this is particularly apparent at Edgware Birth Centre, with a team providing antenatal, intrapartum and postnatal care. Removing the option to give birth at the centre would, it is said, disrupt MCoC and lead to worse outcomes as outlined in the Cochrane Review in 2016. Moreover, it was highlighted that Edgware has been identified as an area where MCoC should be specifically targeted, in line with the 2019 Better Births recommendations, on the basis of deprivation, ethnicity and vulnerability in the local population.

2.242 The information in the consultation materials that states that the birthing suites are "underused" was disputed, with it being suggested that these also function as clinic spaces, as well as serving as birthing suites when needed.

2.243 Additionally, it was also suggested that Edgware Birth Centre offers a more bespoke and sensitive service and that this is particularly appreciated by certain groups and types of service user, including the Orthodox Jewish community, Black and Asian service users, first-time parents, and mothers with other children at home. The centre was also said to provide a local and cost-effective option for the many families from lower socio-economic backgrounds in the local area, particularly given the cost-of-living crisis. Specifically, it was noted that the costs of hiring a birth pool are leading more people to consider the service at Edgware Birth Centre as an alternative to a water birth at home.

Individual respondents' views on potential impacts and mitigations of the proposals (maternity and neonatal services and Edgware Birth Centre)

2.244 All questionnaire respondents were invited to respond to the following question:

> **Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts reduced?**

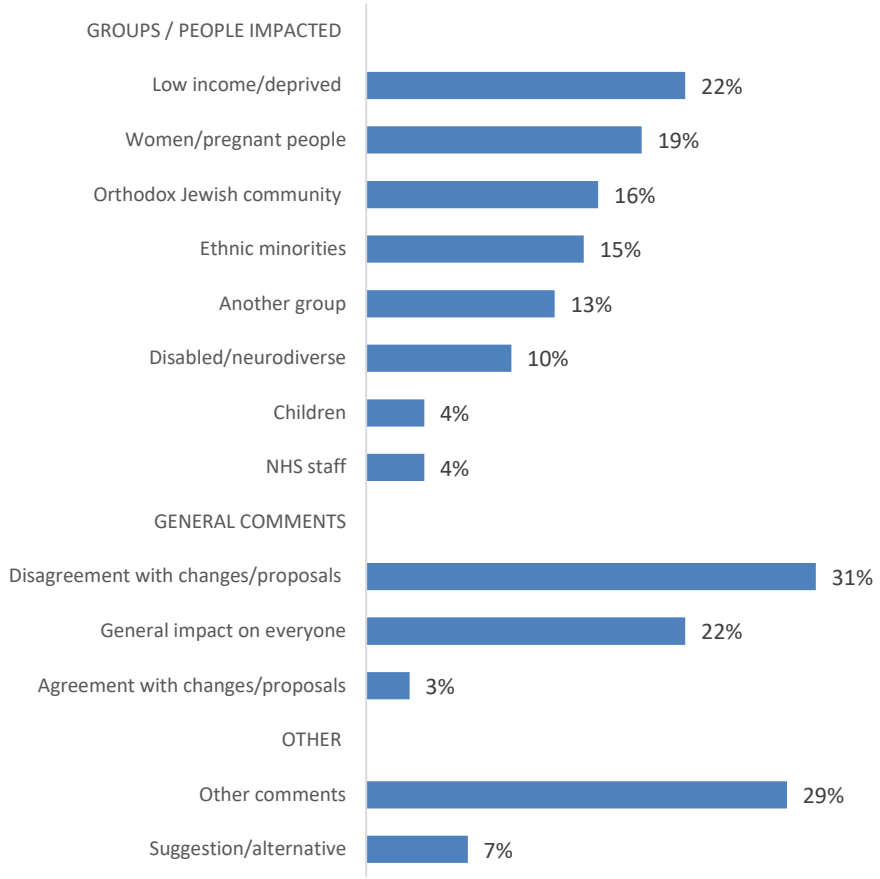
2.245 This question was asked to all questionnaire respondents. And around three in ten individual respondents (913 in total) provided a comment. This report covers general impacts (not related to a specific proposal) and

those mentioning specific impacts of proposed changes to maternity and neonatal services in NCL, including the proposal to close birthing suites at Edgware Birth Centre[29].

Comments about the groups/people who might be impacted

2.246 As illustrated in Figure 27 below, a number of specific groups were mentioned as potentially being impacted by the proposed changes to NHS services in NCL. In addition to this summary chart and the following discussion, a detailed table of coded text comments can be found in Appendix III of this report.

Figure 27: Themes arising from comments on potential equality impacts – groups/people identified as being impacted by the proposed changes (individual questionnaire respondents only[30])



Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,784)

2.247 The most commonly mentioned groups were individuals or families with lower incomes or experiencing deprivation, pregnant women and people, and members of the Orthodox Jewish community in NCL. More than 1 in 6 (15%, Figure 27) of those who left comments mentioned individuals or families from other minority ethnic or religious communities (e.g. Somali people, or people of Muslim faith), and 1 in 10 (10%) mentioned people with disabilities and long-term conditions or who are neurodiverse.

2.248 Around 1 in 20 (4%) comments mentioned children and a similar proportion (4%) mentioned NHS staff members as potentially being impacted by the proposed changes, while some other groups were mentioned

[29] Views on the impacts linked to the proposed changes to children's surgical services in NCL are reported in a separate independent report by ORS, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

[30] The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages of comment sum to greater than 100%.

in smaller numbers of comments, including single parents, parents with multiple children, unpaid carers, LGBTQ+ people, and non-English speakers.

2.249 In comments mentioning pregnant women and people, several groups were specifically highlighted in a few comments as being particularly vulnerable to changes to maternity and neonatal services:

- those with pre-existing medical conditions (e.g. HIV or mental health conditions)
- those with complex or high-risk pregnancies
- refugees and asylum seekers
- people experiencing domestic violence
- transgender and non-binary service users

2.250 It should be noted that a small number of those who left a comment (59 respondents in total) said that there are no groups they thought would be positively or negatively impacted by the proposals; most just stated 'no', or 'none', while a few gave more detailed responses, for example:

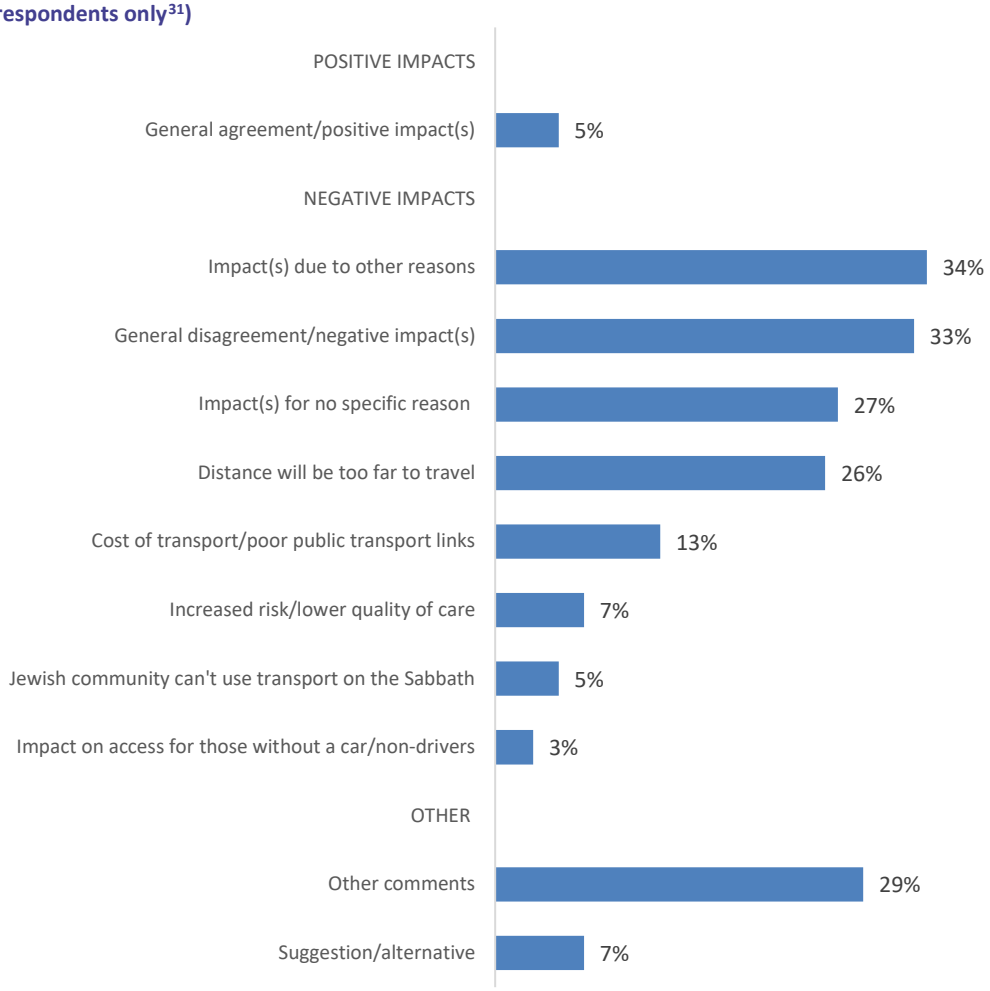
> "Impact is minimal as the proposals are within a small geographical area, minimising the travel from home and local hospital sites." **(Service users/parents/carers - NCL maternity services)**
>
> "No, access may be different, but families will adapt. Good signage is appropriate for all areas." **(Service users/parents/carers - NCL maternity services)**

Comments about types of potential positive impacts

2.251 As shown in Figure 28 overleaf, a proportion of those who responded to this question (5% or 42 of the 913 respondents) mentioned either general agreement or said that they thought the proposals would have a positive impact on everyone in the local community.

2.252 Some of these respondents commented on the potential positive impact, not mentioning any proposal or service in particular. Others were more specific, for example, suggesting that providing maternity and neonatal services at four hospital sites rather than five in future, or closing the birthing suites at Edgware Birth Centre, could make better use of resources or offer 'more resilient' services.

Figure 28: Themes arising from comments on potential equality impacts – types of impacts suggested by respondents (individual questionnaire respondents only[31])



Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,720)

Comments about types of potential negative impacts

2.253 As highlighted in Figure 28, a much higher proportion of those who made comments highlighted concerns and potential negative impacts as a result of the proposed changes. Of those that left a comment, a third (33% or 302 respondents) mentioned general disagreement with the proposed changes or that the proposals would have a general negative impact. It was also identified that just over a quarter of those who left a comment (27% or 250 respondents) mentioned a general negative impact but gave no specific reason or explanation.

2.254 Most of these comments were related to the proposals for maternity and neonatal services in NCL, which state a negative impact on groups such as low-income families, pregnant women and those from minority ethnic backgrounds, without providing a further explanation.

2.255 Many of those respondents who made a general comment stated that the proposals, particularly for maternity and neonatal services in NCL, would have a negative impact on the Orthodox Jewish community. This was particularly linked with the possibility of maternity and neonatal services no longer being provided at Royal Free Hospital.

[31] The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages of comment sum to greater than 100%.

> "Orthodox Jewish people would be more affected by closing the Royal Free maternity unit. It's very important to work closely with this community to minimise these impacts and find out what would make services in other hospitals more accessible." **(NHS staff – other service or area)**

2.256 Alongside general comments stating the potential negative impact on the Orthodox Jewish community in NCL, a small number of those who left a comment (5% or 43 respondents, Figure 28) specified that this negative impact would be the result of not being able to drive or use public transport on the Sabbath (both for the women needing to access maternity or neonatal services, and for families to visit).

> "As an Orthodox Jew I do not drive or use public transportation on sabbath unless there is an emergency situation. This would cause great difficulty if you move the centre of excellence far away from where I live in NW London." **(Service users/parents/carers - NCL maternity services)**
>
> "People of the Jewish religion. Many people and their partners are hospitalised over weekends with their children either at birth or due to other issues, and there are limited options for Kosher food in places in central London. Additionally, partners cannot use taxis or car on Saturdays and would not be able to visit their family members and children in hospital. Should more services take place away from the Royal Free [Hospital] and Edgware [Birth Centre], sufficient Kosher food and respite facilities for Jewish families must be provided, including places to stay for parents to be able to see their children on Saturdays." **(NHS staff – NCL maternity services)**

2.257 As shown in Figure 28, a range of other potential negative impacts were commonly identified in text comments. About a quarter of those who left a comment (26% or 233 respondents) mentioned that, if the proposed changes go ahead, then the distance will be too far to travel to access hospital services.

2.258 Most of these respondents linked this impact with the proposals for maternity and neonatal services in NCL, and the potential closure of the maternity and neonatal units at one hospital site. It was commonly mentioned that, for those whose local units are closed, further travel could be difficult, especially for women in labour or those who have difficulty accessing transport (e.g. for financial reasons).

> "The closure of a maternity unit obviously impacts women. Given women are (rightly) advised to stay at home for as long as possible when in labour. It is a real concern if a maternity unit is then further away especially when there is likely to be significant traffic at certain times of the day." **(Service users/parents/carers - NCL maternity services)**
>
> "Those with limited ability to travel further to access care, due to factors such as financial hardship, disability or English language barriers." **(NHS staff – NCL maternity services)**

2.259 More than one in ten of those who left a comment (13% or 120 respondents, Figure 28) mentioned that, in the case where people have to travel further to access services, the cost of transport and poor public transport links will have a negative impact, particularly for those on a low income or from more deprived areas/backgrounds, some of whom have multiple jobs and are "time-poor". Furthermore, a small number (3% or 26 respondents) highlighted the potential negative impact on access specifically for those without cars or those who don't drive.

2.260 To this point, many made more general comments applicable to all of the proposals, where services are being removed or centralised to a different location, for example:

> "The impact would be on low-income family units as they may not be able to afford the cost of travelling to a more distant unit. Also if English is not your first language, it might be confusing offering appointments or a service in a hospital more distant from their home - travelling by bus or train- expect a lot of lateness/DNA […]" **(NHS staff – NCL maternity services)**

2.261 Many mentioned that the proposals for maternity and neonatal services may negatively impact the deprived communities around either hospitals (those around Whittington hospital, particularly east of Haringey, were mentioned more frequently), since they may not be able to afford to travel further to access services. A similar point was made by a few individuals around Edgware Birth Centre, noting that the deprived communities in this area would struggle to travel further to access care.

2.262 Less than one in ten of those who left a comment (7% or 60 respondents, Figure 28) mentioned that the proposed changes to maternity, neonatal, and/or children's surgical services could result in an increased risk or lower quality of care for patients.

2.263 The majority of these respondents commented on the potential impact on quality of care as a result of having maternity and neonatal services at fewer hospital sites in NCL, including that this could result in other services being overstretched and not offering a high standard of care, and, ultimately, resulting in worse health outcomes for patients. One NHS staff member felt that this could lead to "increased rates of preventable birth trauma", while a service user/parent/carer of maternity services in NCL thought that it may lead to women from Jewish and Muslim communities not seeking care when needed, if they do not drive.

> "It will have an impact on those who have lived in the area for a long time and consider their local hospital to be THEIR hospital which they will go to at all stages of life. This helps you build trust and positive relationships between patients and staff. In my case this is the Whittington [Hospital]. I would be concerned for those with mobility issues or low income that some of the options presented will mean longer and more expensive journeys. It is impossible to predict the complexity or otherwise of any birth (as evidenced in my case) and [important] to have visitors if you end up in hospital longer than anticipated. Proximity and transport routes really are paramount." **(Service users/parents/carers - NCL maternity and children's surgical services)**

2.264 A few of these respondents commented on the potential impact on quality of care for women and patients as a result of the birthing suites being closed at Edgware Birth Centre, mainly in terms of the choice of care being offered and the risk that it could lead to "more complicated births".

> "There may be demographics [or] specific groups affected by closures in Edgware that need to be mitigated. If birthing units are closed, there may be a tendency to induce women more, leading to more complicated births." **(NHS staff – other service or area)**
>
> "[…] Many women, including myself, prefer to have a natural, low intervention labour and birth. By closing Edgware Birth Centre and other maternity units, this will reduce the opportunity to have a baby in a low risk and unrushed environment […]" **(NHS staff – other service or area)**

2.265 Just over a third of those who left a comment (34% or 314 respondents, Figure 28) mentioned an impact, in general or to a specific group, due to another reason. Many of these comments highlighted groups of people that may be impacted as a result of the proposed changes in general, not mentioning a set of proposals specifically. This included ethnic minorities, specifically those who do not speak English and how they would struggle to access or deal with changes to hospital services, for example:

> "I am concerned that a large number of the populations in this area have English as their second language. I hope that consideration is given to this and an appropriate provision of language services is included in any implementation of the plans, to ensure that patients whose first language is not English or are deaf have equitable access to services." **(NHS staff – other service or area)**
>
> "The Muslim community which is ethnically diverse. Many would not engage on consultations as they may not be computer literate [...]" **(Service users/parents/carers - NCL maternity, neonatal and children's surgical services)**

2.266 It was mentioned by many of these respondents that if, in the future, maternity and neonatal services were offered at fewer hospital sites, it would be particularly women and families from minority ethnic groups/communities who would be affected. It was highlighted that many of these groups already face health inequalities when accessing care through the NHS, and some suggested that these proposals either do not address these inequalities or could, in fact, make them worse.

> "Asian and minority ethnic backgrounds. Maternal mortality rates, with black women facing almost four times the risk compared to white women. This calls for more support, not less." **(NHS staff – other service or area)**
>
> "Black and Brown people again will be impacted, particularly in Brent of those who use RFH [Royal Free Hospital]. Statistically, Black women have the worse maternity outcomes of any racial group and yet again; they are being disadvantaged […]" **(Local resident)**

2.267 It was also highlighted that many vulnerable groups of women, such as homeless women, victims of domestic violence, and/or those living with other medical conditions (e.g. HIV or diabetes), many of whom may already struggle to access healthcare services, may be negatively impacted, and no longer engage with care, if their local hospital no longer offers maternity or neonatal services.

> "Homeless clients accessing care may not have the resources required to travel to further away locations. Vulnerable pregnant/at-risk women, likely to disengage with care if faced with additional barriers, should receive physical support in accessing care, such as a free transfer service to collect and drop off women closer to their areas or a walk-in antenatal clinic such as the model with sexual health clinics." **(NHS staff – NCL maternity services)**
>
> "The Royal Free [Hospital] is a tertiary centre for diabetes, a disease that has a greater impact on women and birthing people from the global majority and those from more deprived socioeconomic backgrounds. These patients have well established links with the endocrinology and renal services and many of them will disengage from maternity care provided on other sites during their pregnancy." **(NHS staff – NCL maternity services)**

2.268 A small number of these comments mentioned other potential negative impacts on specific groups as a result of the proposals for Edgware Birth Centre. For example, women, particularly neurodiverse individuals, who may not wish to give birth in a hospital, and who may benefit from the less stimulating environment that a birth centre provides.

> "[…] If anyone wants to have a birth where they feel at home, but are away from home, or someone who has a fear of hospitals and does not want to attend an alongside birth centre unit, I think this will really impact them. I also believe that the cases of home births will increase." **(NHS staff – NCL maternity services)**

"Neurodiverse people could be affected by the closure of the Edgware [Birth] Centre as it provides a less stimulating and busy environment, which neurodiverse people might particularly benefit from [...]" **(Service users/parents/carers - NCL maternity services)**

"Proposed changes to limit choices offered to women and birthing people by removing midwife led units will impact those who don't feel safe in a hospital environment. For example, those who have experienced trauma in a hospital setting previously (either birth related or otherwise) Those who have experienced abuse/trauma in the past and need gentler support to feel safe during birth. Those who have neurodiverse needs and require a quieter, gentler setting in order to feel safe during birth. Those who due to their race, ethnicity, religion and gender feel safer and more listened to in a birth centre setting." **(Service users/parents/carers - NCL maternity services)**

Comments with suggestions/alternatives

2.269 Individual respondents suggested or implied that local services should be kept as they are, particularly maternity and neonatal services, with many suggesting that more services, or investment in current services, are needed, rather than for services to be provided at fewer hospital sites.

2.270 Other comments included potential mitigations, such as providing more ambulance services and transportation for those who are impacted and may have to travel further:

"People in deprived areas and situation near the hospital which will close will necessary be affected by the increase in taxi cost or travel time through public transport. More ambulance services provided and taxi services subsidised to bring women/families to the maternity or neonatal services they need to access?" **(Service users/parents/carers - NCL maternity services)**

Other comments

2.271 There was some criticism of the consultation around how it has been advertised and the accessibility of the consultation material for those from more deprived backgrounds or those, for example, with learning difficulties.

2.272 Others made more general comments, for example, reinforcing the need for any changes to be made with the needs of local and very diverse communities, in mind. This includes emphasis on the need to provide women and service users with the information they need to make informed decisions about their care, and ensuring any changes are explained in an accessible format.

"[...] What we really need to think about is how we address health inequalities at the earliest opportunities [...] We need to keep consulting our community groups to think about how we best deliver this, with the resources that we have, and always staying mindful to changing needs as more communities come into the NCL area." **(NHS staff – other service or area)**

"Not as long as there is detailed information about each hospital e.g. locations, how to get to them (maps), and contact numbers available in different languages [...]" **(Service users/parents/carers - NCL maternity, neonatal and children's surgical services)**

Questionnaire responses from organisations

Views of organisations on the proposals for maternity and neonatal services

2.273 The views on the proposed changes to maternity and neonatal services in NCL of the 21 respondents who identified themselves as representatives of named organisations or departments, or as having an official role, are outlined below.

2.274 Most organisations responding to the questionnaire (15 out of 21 answering) either strongly agreed or tended to agree with the need to make changes to respond to the challenges facing maternity and neonatal services in NCL. Two organisational respondents neither agreed nor disagreed and a small proportion (4) either tended to disagree or strongly disagreed with the need for change, including those from HIV services and the maternity unit at Royal Free Hospital, an Islington Councillor for Finsbury Park Ward and Chana Charity Ltd.

2.275 When asked about the principle of ensuring all neonatal units in NCL offer the same minimum level of care, again, most organisations responding to the questionnaire (16 out of 21) either strongly agreed or tended to agree. Two organisational respondents neither agreed nor disagreed and only 1 tended to disagree (1 didn't know and 1 didn't answer).

2.276 The views of the organisations responding to the questionnaire were split on whether maternity and neonatal services in NCL should, in future, be provided at four sites rather than five; 8 either strongly agreed or tended to agree, 8 either tended to disagree or strongly disagreed, while 3 neither agreed nor disagreed, 1 didn't know, and 1 didn't answer (listed in Table 7 below).

Table 7: Responses from the twenty-one named organisations or those responding to the questionnaire in an official capacity to the proposed model of care for maternity and neonatal services in NCL (Chana Charity Ltd didn't answer).

	Tend to agree or strongly agree	Neither agree nor disagree/ don't know	Tend to disagree or strongly disagree
Model of care: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five?	Haringey Health and Wellbeing Board Islington CAMHS – Parent and Baby Psychology Team Whittington Health - Universal Health Services for Islington Whittington Health - AHP response Islington Council London Borough of Islington - Children's Services Barnet Asian Women's Group Voluntary doulas serving North London's Jewish community	GOSH – Department of Plastic and Reconstructive Surgery GOSH – Specialist Neonatal and Paediatric Surgery North Thames Paediatric Network Surgery in Children Leadership Team Islington Councillor	GOSH – Department of Spinal (Orthopaedic) Surgery Royal Free Hospital – HIV services Royal Free Hospital – Maternity unit The Red Cell Network Haemoglobinopathy Coordinating Centre Islington Councillor for Finsbury Park Ward Elcena Jeffers Foundation The Interlink Foundation Unnamed carers group

2.277 If services were to be provided at four sites in the future, option A (no longer providing services from Royal Free Hospital) was the more widely supported option by organisations responding to the questionnaire (preferred by 12 of the 21 organisations). Meanwhile, 5 organisations preferred option B, 2 had no particular preference, 1 didn't know and 1 didn't answer (listed in Table 8 overleaf).

Table 8: Responses from the twenty-one named organisations or those responding to the questionnaire in an official capacity to the proposed options for delivering maternity and neonatal services in NCL (the GOSH department for Specialist Neonatal and Paediatric Surgery didn't know and Chana Charity Ltd didn't answer).

	Option A (NHS's preferred option)	Option B	No particular preference
Proposed options: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer?	GOSH – Department of Spinal (Orthopaedic) Surgery Haringey Health and Wellbeing Board Islington CAMHS – Parent and Baby Psychology Team The Red Cell Network Haemoglobinopathy Coordinating Centre Whittington Health - Universal Health Services for Islington Whittington Health - AHP response Islington Council Islington Councillor Islington Councillor for Finsbury Park Ward London Borough of Islington - Children's Services Barnet Asian Women's Group Unnamed carers group	Royal Free Hospital – HIV services Royal Free Hospital – Maternity unit Elcena Jeffers Foundation The Interlink Foundation Voluntary doulas serving North London's Jewish community	GOSH – Department of Plastic and Reconstructive Surgery North Thames Paediatric Network Surgery in Children Leadership Team

2.278 Of the 21 organisations responding to the questionnaire, 15 left comments when invited to elaborate on their views regarding the proposals for maternity and neonatal services in NCL, provide any general comments, and suggest any alternative solutions to address the challenges (or how any disadvantages associated with the proposals could be reduced).

2.279 Due to the nature (i.e. length and detail) of the responses received to the open text question, the comments from both NHS and healthcare clinical groups, and local government and elected representatives responding to the questionnaire are reported alongside the written submission in Chapter 9 of this report.

2.280 Among the other organisations, which include various charities and groups working with communities in NCL, four organisations provided a comment.

2.281 Representatives from The Interlink Foundation, Elcena Jeffers Foundation, and a group of voluntary doulas serving North London's Jewish community all preferred option B (no longer providing services from Whittington Hospital). Elcena Jeffers Foundation (which works to make improvements for disabled people's lives, including helping people into work in whatever way they can) noted that these were 'difficult choices'.

2.282 The representative commenting on behalf of the group of doulas explained why they felt strongly that Royal Free Hospital should remain open, including mention that they are understanding of Jewish customs.

> "[We] strongly feel that the Royal Free Hospital maternity unit is amazing and as we live locally, we need it to stay open. For the Jewish community they are so understanding of our customs and we all will stand by them. A fantastic team and great service!" **(Group of voluntary doulas)**

2.283 The Interlink Foundation, a charity that works with the Orthodox Jewish community in North London, offered a longer response. They explained that there are maternity services available at Royal Free Hospital to care for mothers with complex medical conditions and pregnancies which are not available at Whittington

Hospital and "cannot just be transplanted into another setting". They go on to suggest that Royal Free Hospital's neonatal unit should be upgraded to level 2 instead.

> "[…] Upgrading Royal Free [Hospital's] neonatal unit to a level two would seem a sensible and effective way to address the needs of more premature babies and would up the volume of births due to enhanced confidence in neonatal provision […] The volume of births will always work in peaks and troughs […] Mothers needing to travel to units they have not been booked into, and subsequently being turned away from these as well puts enormous stress on patients, staff and their families and surely contributes to increased risk." **(The Interlink Foundation)**

2.284 The representative of an unnamed carers group, many of whom are caring for disabled family members, explained that "transport is difficult with very disabled family members and they feel more comfortable using local services". They explained their preference for option A (no longer providing services from Royal Free Hospital), noting that closing Whittington Hospital would negatively impact residents of Haringey.

Response from organisations on the proposals for Edgware Birth Centre

2.285 The views of the respondents who identified themselves as representatives of named organisations or departments, or as having an official role, on the proposed changes to the standalone midwife-led birth unit at Edgware Birth Centre, are outlined below.

2.286 More than half of organisations responding to the questionnaire (11 out of 21) either strongly agreed or tended to agree with the need for changes to be made to respond to the challenges at Edgware Birth Centre. Only 1 organisation disagreed with the need for change while 5 neither agreed or disagreed, 2 didn't know and 2 didn't answer.

2.287 Similarly, over half of organisations responding to the questionnaire (11 out of 21) either strongly agreed or tended to agree with the proposal to close the birthing suites at Edgware Birth Centre, 2 organisations disagreed, 5 neither agreed nor disagreed, 2 didn't know and 1 didn't answer (listed in Table 9 below).

Table 9: Responses from the twenty-one named organisations or those responding to the questionnaire in an official capacity to the proposal to close birthing suites at Edgware Birth Centre (London Borough of Islington - Children's Services didn't answer).

	Tend to agree or strongly agree	Neither agree nor disagree/ don't know	Tend to disagree or strongly disagree
Proposal: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)?	GOSH – Department of Spinal (Orthopaedic) Surgery Haringey Health and Wellbeing Board Islington CAMHS – Parent and Baby Psychology Team Whittington Health - Universal Health Services for Islington Whittington Health - AHP response Islington Councillor Barnet Asian Women's Group Chana Charity Ltd Elcena Jeffers Foundation The Interlink Foundation Voluntary doulas serving North London's Jewish community	GOSH – Department of Plastic and Reconstructive Surgery GOSH – Specialist Neonatal and Paediatric Surgery Royal Free Hospital – HIV services North Thames Paediatric Network Surgery in Children Leadership Team Islington Council Islington Councillor for Finsbury Park Ward Unnamed carers group	Royal Free Hospital – Maternity unit The Red Cell Network Haemoglobinopathy Coordinating Centre

2.288 When invited to provide any comments on the proposal to close the midwife-led suites at Edgware Birth Centre (and provide any alternative solutions), of the 21 organisations responding to the questionnaire, only the representative from the Islington CAMHS Parent and Baby Psychology service added a comment highlighting the need to ensure that the needs of those who might currently give birth at Edgware Birth Centre are fully considered.

Response from organisations on potential equality impacts and mitigations

2.289 When asked to identify any groups or people that may be either positively or negatively impacted by the proposed changes, including any impacts for groups with protected characteristics under the Equality Act 2010, five of the non-NHS/local government organisations and representatives added comments related primarily to the proposals for maternity and neonatal services in NCL.

2.290 The Interlink Foundation and the representative of a group of voluntary doulas, both of whom preferred that services remain at Royal Free Hospital, commented on the potential negative impact of the NHS's preferred option on the Orthodox Jewish community that live close to Royal Free Hospital:

> "I strongly believe that the Charedi (Orthodox Jewish) child-bearing population will be adversely impacted by a decision to close the Royal Free [Hospital] Maternity Department.
>
> Many patients in this community attend the Royal Free Haemophilia Clinic due to Factor 11 and other conditions. Mothers delivering at an older age and multi paras are more at risk of serious complications. Royal Free has biggest ITU service in NCL, keeping very sick patients alive. It has Interventional Radiology and Cardiac services 24/7 to support very sick patients for which transfer would not be optimal.
>
> Royal Free [Hospital] has done much work on Equality, Diversity, and Inclusion. We have also participated in this work first hand and seen the difference it has made in terms of patient experience and improved outcomes. There is an improved level of cultural competence and understanding which not all hospitals may have. **(The Interlink Foundation)**
>
> "For the Jewish community Royal Free [Hospital] is indispensable. Perhaps the maternity department could be enlarged rather than closed. We need this hospital to stay open for births!!" **(Group of voluntary doulas)**

2.291 Chana Charity Ltd, a charity that provides fertility support for the Jewish community, also outlined the potential impacts of closing Royal Free Hospital on the Orthodox Jewish community, and highlighted the importance of the understanding staff have gained of the local community:

> "Once in the hospital, the links built up over a long period of time with staff (both medical and nursing) is irreplaceable, there is a deep understanding of the workings of the community which has led to patients feeling safe and heard and able to progress with treatments safe in the knowledge that their religious beliefs are respected and this has made for an easier working environment for the staff too." **(Chana Charity Ltd)**

2.292 It was also suggested that other groups, including ethnic minorities and carers, could be particularly impacted by the proposals.

> "Ethnic minorities. Very young adults who are still not pregnant but planning to have their first pregnancy." **(Barnet Asian Women's Group)**

"It is very hard for people with a disabled child (including adult age) to travel to central London. Our local hospitals should be properly resourced. There are no hospitals in Haringey." **(Unnamed carers group)**

3. NHS staff engagement

Introduction

3.1 This chapter provides a summary of the feedback received at drop-in sessions, feedback sessions, and other activities organised by the Start Well programme team and the NHS hospitals trusts' engagement teams[32]. The meetings and drop-ins provided an opportunity for NHS staff to hear about the proposals for maternity and neonatal services in North Central London (NCL) and ask questions. Staff members were also invited to give feedback verbally if they chose to, and to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.

3.2 Summary notes of questions and feedback were taken and passed to ORS for analysis and reporting. The programme of events and engagement from which verbal feedback was collected are listed in the table below. Details of all staff engagement activities, including NCL-wide staff briefings and meetings at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report[33].

3.3 To reflect the breadth of issues raised by staff, examples of the questions asked at meetings are included in Appendix IV of this report for reference.

Table 10: Staff engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of staff participants/ attendees
11 January 2024	Royal Free Hospital - staff, Camden	21
11 January 2024	Edgware Birth Centre - drop in, Edgware, Barnet	5
12 January 2024	Royal Free Hospital - obstetric consultants, Camden	19
15 January 2024	Royal Free Hospital - staff, Camden	19
23 January 2024	Whittington Health - community midwifery staff, Islington	21
23 January 2024	UCLH - neonatal consultant staff, Camden	11
25 January 2024	Chase Farm Hospital - drop in, Enfield	1
25 January 2024	North Middlesex Babies, children and young people's board	15
26 January 2024	Whittington Health - staff, Islington	45
29 January 2024	Royal Free Hospital - consultant obstetricians, Camden	13
01 February 2024	UCLH - senior midwifery staff, Camden	17

[32] These were either bespoke sessions or existing meetings the ICB programme team were asked to attend.
[33] Available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

07 February 2024	Royal Free Hospital - staff, Camden	10
12 February 2024	UCLH senior paediatric nursing staff, Camden	14
13 February 2024	Royal Free Hospital - night staff, Camden	5
13 February 2024	Royal Free Hospital - night staff, Camden	2
14 February 2024	Barnet Hospital - staff, Barnet	2
15 February 2024	UCLH staff - Virtual Midwifery Forum, Camden	30
15 February 2024	Edgware Birth Centre - staff feedback, Edgware, Barnet	10
16 February 2024	GOSH staff, Camden	49
21 February 2024	Whittington Health - neonatal consultants, Islington	11
22 February 2024	Royal Free Hospital - staff, Camden	7
23 February 2024	Whittington Health - obstetric staff, Islington	12
27 February 2024	Royal Free Hospital - domestic services staff, Camden	3
01 March 2024	Royal Free Hospital - staff feedback, Camden	4
01 March 2024	Royal Free Hospital - consultant staff, Camden	19
05 March 2024	UCLH - consultant obstetricians and gynaecologists, Camden	19
05 March 2024	UCLH - senior staff, Camden	13
12 March 2024	UCLH - neonatal staff, Camden	25
12 March 2024	Royal Free Hospital - staff, Camden	1
12 March 2024	Royal Free Hospital - neonatal staff, Camden	5

Views on the need for changes to neonatal & maternity services

Recognition of the need for change

3.4 Across the activities and events with NHS staff, participants broadly agreed that there is need for change to neonatal and maternity services to address current challenges. Staff across multiple sites recognised that these services are under pressure, largely due to capacity and staffing issues. Staff at UCLH in particular discussed capacity issues and resulting challenges to neonatal and midwifery services.

3.5 It should be noted that a substantial majority of consultation questionnaire respondents who identified themselves as NHS staff[34], many of whom would have attended at least one of the meetings reported here, agreed that there is a need for change (see Chapter 2) This in no way undermines the importance of some of

[34] 70% of NHS staff working in NCL maternity, neonatal or children's surgical services and 75% of other NHS staff responding to the questionnaire either tended to agree or strongly agreed with the need for changes to maternity and neonatal services in NCL.

the concerns around the evidence used to support the need for change reported below, but it nonetheless provides an important context in which to consider the views shared.

Feedback around changing service user needs

3.6 Neonatal and medical staff in Royal Free Hospital and UCLH agreed that service users' requirements are becoming increasingly complex. Examples of this that were given were that service users typically require more interventions during labour than in the past, that more service users require C-sections than in the past, and that instances of comorbidities during pregnancy (e.g. diabetes, obesity, etc.) are increasing.

3.7 It was also highlighted that in some instances, lack of complex neonatal provision means some pregnant service users who have had a liver transplant have had to be transferred to other hospitals with more complex provisions in the centre of London. These increases in the complexity of service users' needs were said to be contributing to units being fuller for longer, for the repatriation of babies from neonatal care taking longer, and for an increase in transfers. As a result, members of staff raising these issues agreed that there is a need for change.

Other drivers for change raised in feedback

3.8 The following were also mentioned by NHS staff as potential factors necessitating change:

- neonatal consultants at UCLH acknowledged that the neonatal care unit at Royal Free Hospital is not sustainable, highlighted by mitigations in place to maintain the safety of services on site
- UCLH neonatal staff said that parents occasionally do not want their baby to leave the neonatal unit at UCLH, which can create capacity issues preventing them from taking on sick babies
- members of Whittington Community Midwifery Team said that as well as having increasingly complex needs, service users also want increasingly personalised care, creating a need to consider the staff time to support them during pregnancy
- an NCL staff member (a service lead) said there needs to be a long-term solution to the challenges currently being faced by service users across NCL and especially for those with complex needs

Concerns around modelling of service users flows and birth rates

3.9 Although staff generally expressed agreement with the need for change to neonatal and maternity services, some expressed concerns or asked questions about potential changes to the flow of service users and neonatal and paediatric patients, should the proposed changes go ahead.

3.10 During engagement activities with midwifery and paediatrics staff members and neonatal consultants at UCLH (which is the site of the regional level 3 neonatal intensive care unit and a highly specialist centre for pregnant women and people and their babies, before and after birth), the following comments and questions were raised around the figures presented:

- senior paediatric nursing and maternity staff questioned where patents will be redirected if one maternity and neonatal site closes as per the proposals, including whether pregnant women and people would go to Barnet Hospital if the units at Royal Free Hospital were to close
- it was said that UCLH has been using heat maps to help with future planning based on residents' home addresses, which show that they have births from many areas across the country, not limited to the local population
- neonatal consultants suggested that patients might not flow to maternity units in the same way as modelled and suggested that assumptions around the numbers of Hampstead residents likely to

access care at UCLH rather than other hospitals, should units at Royal Free Hospital close, were too low

- understanding the demographics and complexity of patients attending the unit(s) that could potentially close, such as the number of twin births and residents likely to require a C-section, was considered very important

3.11 Questions were also raised around declining birth rates. Staff from several different hospitals and departments, including midwifery and neonatal wards, suggested that the recent observed decline could be related to the COVID-19 pandemic, and might therefore not continue. It was asked whether the modelling should or would be revisited to consider the impact of birth rates potentially levelling-out or increasing.

Views on the proposed model of care

Views on the principle of delivering level 2 neonatal care at all units

3.12 There was broad agreement among NHS staff with the principle that all neonatal units across NCL should deliver a minimum of level 2 care, as this would represent an optimal model of care that would cater to a wider range of needs. For some staff members, closing one neonatal unit to enable all remaining units to deliver the same minimum level of care was accepted as logical and reasonable.

3.13 Senior leaders from North Middlesex Babies, Children and Young People's Board expressed support for the proposed model of care, noting that they had been involved in the development of the proposed changes.

3.14 During one of the events with Royal Free Hospital staff, it was said that some parents living closest to Royal Free Hospital already choose not to give birth there because of concerns about level 1 neonatal care, instead opting to give birth elsewhere at a hospital with a level 2 neonatal unit instead.

3.15 Some staff at Royal Free Hospital, however, queried whether it would be better to upgrade all neonatal units to level 2 without any closures; it was viewed as difficult to understand how the proposal to reduce the number of units would benefit service users, especially due to the increased travel times.

Views on the proposed model of care for maternity and neonatal services

3.16 In verbal feedback recorded at staff engagement activities, views around the proposed model of care for NCL maternity and neonatal units were mixed, with staff members at Royal Free Hospital and Edgware Birth Centre expressing fundamental concerns around the proposed changes; and UCLH asking many questions about how they would be operationalised practically. Staff at other hospitals, including Whittington Hospital, were generally more favourable toward the proposals but chose not to give particularly detailed verbal feedback at the time.

3.17 As with views shared around the need for change, therefore, it should be noted for context that in the questionnaire response, greater proportions of NHS staff respondents overall agreed with the proposal to deliver NCL maternity and neonatal care from four hospitals rather than five in future[35], although there was also a substantial level of disagreement via that channel.

[35] Just under half of NHS staff members who responded via the questionnaire (48% of NHS staff working in NCL maternity, neonatal or children's surgical services, and 47% of staff working elsewhere in the NHS) agreed with the proposal, compared to around two fifths who disagreed (40% and 42% respectively).

Questions and concerns around the model of care for neonatal care

3.18 Royal Free Hospital staff asked what work would be done to agree discharge protocols for obstetric care if the proposed changes were to go ahead. They raised a concern that, with a proposal for an overall reduction in the number of neonatal units in NCL, there might consequently be an increase in the number of babies become unwell with feeding difficulty or jaundice following discharge and needing to be readmitted to a neonatal unit via an emergency department.

3.19 Staff at UCLH questioned how capacity requirements for neonatal care had been calculated when developing the proposals and raised several more specific issues around the implementation of the model of care. In particular, they questioned whether the following had been considered:

- the impact on discharge planning in terms of disruption to community pathways and local authority services that are often needed in the long-term by neonates
- the indirect effect of the proposals, such as the impacts on stepping down babies from level 3 or 2 units; and the potential for an increase in neonatal capacity at UCLH resulting in more transfers to the hospital's acute paediatric ward
- the potential impact of the closure of services at Royal Free Hospital or Whittington Hospital on UCLH's ability to deal with additional paediatric surgery day cases (as might occur if current proposals for NCL children's surgical services were to go ahead[36]) because of limited staff and estate at UCLH
- that NHS staff in NCL might be reluctant to move from a level 2 to level 3 unit and that recruitment could therefore be an issue if the UCLH level 3 unit expands

3.20 Finally, staff at Edgware Birth Centre raised a concern around the implications of staff redeployment, should services no longer be delivered from one of the current neonatal units, asking what would happen to the staff working at any neonatal unit that is closed.

Views on the proposed model of care: maternity services

Views on the principles behind the proposed model of care

3.21 Discussion around the proposed model of care for maternity services at the staff engagement activities was typically dominated by questions and concerns around the proposed changes. Nonetheless, some members of staff at Royal Free Hospital did say that they supported optimising resources and workforce via the model of care in principle, while acknowledging the changes would be being difficult but necessary. Furthermore, some added that units with higher numbers of births tend to have better outcomes.

3.22 By contrast, several staff at Royal Free Hospital suggested that the proposals in the Start Well programme are overly focused on neonatal services and that the experiences of pregnant people and those giving birth have not been fully considered.

Questions and concerns: implications for other services at other NCL hospitals and community care

3.23 More broadly, some questions were asked around overall capacity in the NCL system, particularly in the early stages of any future changes. Neonatal consultants at UCLH asked where pregnant women and people would

[36] Feedback on proposals for reconfiguration of children's surgical services in NCL is covered in a separate report, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

be most likely to access care during the first year of implementation of any changes, while some other staff attending meetings wanted to know whether any antenatal services would remain at Royal Free Hospital if the maternity and neonatal units there were to close.

3.24 Senior midwives at UCLH highlighted the importance of considering the management of complex patients with liver and renal conditions currently managed at Royal Free Hospital, and what changes to the model of care might mean for continuity of these critical care pathways.

3.25 Gynaecology services were highlighted as having significant interdependency with maternity care and questions were asked by a few staff members about how the obstetric-led care and gynaecology care could be separated, if the changes went ahead and one NCL maternity unit was to be closed. The possibility of some legacy learning from similar NHS service reconfigurations elsewhere was raised.

3.26 The potential implications for future delivery of community-based services in NCL were also raised. Staff members asked what the catchment area for antenatal and postnatal care in the community would be in future, with concern that changes to the geographical boundaries as a result of the closure of units at could impact travel times for staff working in the community.

Questions and concerns: staffing, recruitment and training

3.27 There was considerable discussion around the proposed options for the locations of maternity and neonatal care in future (covered in the following section of this chapter). There was also, however, some more general discussion and feedback around the principle of closing maternity and neonatal units at one NCL hospital so that, in future, services might be delivered from four units instead of five.

3.28 Many of these questions and concerns were raised at staff engagement activities at UCLH, a regional centre for complex births as well as the site of NCL's only level 3 neonatal unit. The concerns raised included capacity at UCLH, staffing and, in particular, staff expertise, experience and training.

3.29 Senior Midwifery staff at UCLH raised concerns around staffing of maternity services, stating that UCLH is already facing challenges around the number of allocated midwives for their unit and voicing concerns that midwifery staff at Royal Free Hospital might chose to leave the service completely if a decision was made to close the unit there. The past closure of the maternity unit at Ealing Hospital in North West London, it was said, had led to senior staff taking up new positions early, thereby reducing the senior leadership on site.

3.30 Some Royal Free Hospital staff members echoed this concern and felt that staff might begin to leave the hospital as soon as a decision to close the maternity and level 1 neonatal unit might be announced, if that option were to be chosen. UCLH senior midwifery staff raised a similar point, suggesting that some staff from the closing unit might choose to take early retirement before it even closed; this, they felt, could exacerbate recruitment and retention challenges and possibly lead to increased risks around to patient and service user safety at the site designated for closure.

3.31 UCLH's senior midwives also identified potential challenges around the redeployment of staff from whichever of the maternity units at either Royal Free or Whittington hospitals might close. Highlighting the complexity of UCLH's patient and service user cohort, they stated that additional training would be required for any staff transferring there from another unit to ensure that they have the required skills. Early discussion with educational providers, they felt, would be helpful; they also suggested that some pastoral and psychological support might be required for staff transitioning from the closing site

3.32 In the same meeting it was suggested that funding and additional support would be required to help with the transition of staff in general; the staff at Royal Free Hospital also asked whether funding would be increased for any site(s) to which staff might be moved.

3.33 Finally, some more general concerns around the proposals' potential impacts on travel times and cost implications for NCL NHS staff members were raised. Some more detailed feedback around potential impacts on staff members are discussed later in this chapter.

Questions and concerns: feasibility and deliverability

3.34 Obstetrics staff at UCLH recalled that previous changes to maternity services in North Central London had been proposed in the early 2000s but that it was later decided they would not be implemented. They stated that clinical issues have been raised for a long time and that different iterations of possible changes have been suggested but never adopted. As a result, they questioned the feasibility and deliverability of these proposals, asking why they might be successful since other proposals had not been.

The proposed locations of maternity and neonatal services

3.35 Staff engagement attending staff meetings were invited to give feedback on two options for the configuration of maternity and neonatal services in NCL hospitals, should the proposed model of care be introduced:

> **Option A (the NHS's 'preferred option')**: maternity and neonatal services would be provided at Barnet Hospital, North Middlesex Hospital, UCLH and Whittington Hospital (with services no longer provided from Royal Free Hospital)
>
> **Option B**: maternity and neonatal services would be provided at Barnet Hospital, North Middlesex Hospital, UCLH and Royal Free Hospital (with services no longer provided from Whittington Hospital)

Concerns around the options development for site configurations

3.36 As with the rationale for the overall proposed model of care, questions arose around the options development and appraisal process. Some questioned the patient flow modelling, while others raised concerns around the rationale for the selection of a 'preferred option' by the ICB, feeling that doing so created bias and might lead NCL residents to believe that services at Royal Free Hospital are poor quality or otherwise lead them to discount the alternative option B.

Concerns around the modelling of service user and patient flows

3.37 Staff at Royal Free Hospital and UCLH raised concerns around the patient flow modelling undertaken, saying that it might not reflect the reality, if and when changes were implemented. If option A were to be selected, UCLH senior midwifery staff and neonatal consultants suggested that UCLH would have to deliver a larger proportion of births than the modelling indicated and that this would represent a risk to the hospital's capacity.

3.38 Some Royal Free Hospital staff (obstetric consultants and midwifery team) said that more service users than the modelling suggested might travel to Barnet Hospital under option A when the units there were described as already struggling to cope with the current demand. Similarly, the capacity of neighbouring North West London hospitals to accommodate additional flows, particularly under option A, was questioned.

Questions, concerns and disagreement with the designation of option A as the NHS's 'preferred' option

3.39 A number of staff members at Royal Free Hospital challenged the decision to present option A as 'the preferred option'. As mentioned above in relation to the overall model of care, some staff stated that service users were already beginning to make 'different decisions' around birth choices because of the consultation taking place, which might impact on current required staffing levels at NCL units.

3.40 One staff member asked why there is a preference at all for maternity and neonatal units at Royal Free Hospital to be closed, particularly considering the expansion and upgrade that would be required at Whittington Hospital to ensure the buildings there were fit for purpose. There was criticism of the options appraisal process by staff at Royal Free Hospital, with the suggestion that evaluation criteria were added "to achieve the desired result".

3.41 Some staff members at Royal Free Hospital also suggested that any preference for option A was questionable; some acute services required in emergency maternity care, they suggested, may be moved away from Whittington Hospital in future, making option A the less favourable option overall.

3.42 Finally, it was suggested that the assertion in the consultation document that more staff might have to relocate from Whittington Hospital under option B than would from Royal Free Hospital under option A should not have been given as much weight when determining a preferred option, given the proximity of the two hospitals.

Other comments around the designation of a preferred option

3.43 In contrast to the views of staff at Royal Free Hospital, some staff at Whittington Hospital said that work had already gone in to considering how Whittington Hospital could be expanded, and asked the question asked as to whether the same had been done for Royal Free Hospital.

3.44 While neither agreeing nor disagreeing with the decision to designate a 'preferred' option for site selections as such, obstetric staff at Whittington Hospital did question whether there were any factors which might change which option was preferred, i.e.:

- would any of the proposals or options be impacted by the potential closer working between North Middlesex and Royal Free hospitals
- do the proposals and options include expansion of other services that may be needed for safe maternity care in future (e.g. radiology)

Evidence of strong support for staff members' current units

3.45 While, in feedback via the consultation question, there was a substantial majority of support among NHS staff respondents overall for option A[37], there was clear evidence in the verbal feedback given at staff engagement activities of strong differences in views around the two site configurations options.

3.46 Specifically, the verbal feedback received during meetings suggested that NHS staff working at either Whittington Hospital or Royal Free Hospital tended to strongly favour the retention of maternity and neonatal services at the hospital in which they work.

[37] 67% of questionnaire respondents who identified a NHS staff working in NCL maternity, neonatal or children's surgical services preferred option A, as did 73% of other NHS staff respondents.

NHS staff views on option A (preferred option)

Support for retaining maternity and neonatal care at Whittington Hospital

3.47 NHS staff working at Whittington Hospital who gave verbal feedback at events typically strongly supported option A (maternity and neonatal services to be provided at Barnet Hospital, North Middlesex Hospital, UCLH and Whittington Hospital, with these services no longer provided from Royal Free Hospital). This support was often accompanied by positive accounts of current services at Whittington Hospital.

3.48 NHS staff at Whittington Hospital shared examples of areas in which they felt their units performed particularly well:

- there are specialist skills and high-quality resources available at the level 2 unit in Whittington Hospital, including MRI, EEG, Echo, radiologists, and the Multi-Disciplinary Team (MDT) team that meets recent guidance
- the Whittington Health multi-disciplinary team (MDT) working in the neonatal unit was described as 'ahead of other units' in terms of their Bliss Baby Charter[38] accreditation and felt this would be difficult to build up to at another site if the unit in Whittington Hospital closed
- the quality of care provided at a unit was described as being largely based on the culture and strong working relationships, which would be difficult to replicate at another site if staff were moved from the unit at Whittington Hospital; these team structures should, staff members felt, influence the decision that is made
- holistic care provided at Whittington Hospital, staff members stated, makes it an 'ideal choice' for many service users; a positive working relationship between obstetrics and neonatology at Whittington Hospital was cited as an example that contributes to positive outcomes

Questions around the implications of option A

3.49 Some staff at UCLH asked questions about the implementation of option A, if it were chosen:

- has the impact of transitioning staff from a level 1 to level 2 neonatal unit been explored?
- does Whittington Hospital have sufficient capacity, and what might be the staff training needs?
- how might closing the level 1 neonatal unit impact paediatrics and the Emergency Department at Royal Free Hospital?

3.50 Elsewhere, it was asked whether the early pregnancy unit (EPU) would stay open at Royal Free Hospital if it no longer supported intrapartum care; a member of the EPU team suggesting that it should be maintained, given that some people come to the hospital's emergency department not knowing they are pregnant but who need early pregnancy care.

Concerns around the implications and potential impacts of closing units at Royal Free Hospital

3.51 Much of the verbal feedback around option A from staff working at Royal Free Hospital was focused not so much on the benefits or otherwise of delivering maternity and level 2 neonatal care at Whittington Hospital (alongside existing units at UCLH and Barnet and North Middlesex hospitals), but rather on the potential negative impacts of removing those services from Royal Free Hospital.

[38] Bliss, a charitable organisation founded by parents, has the stated ambition of giving every baby born premature of sick in the UK the 'best chance of survival and quality of life' ; the organisation describes its Baby Charter as being designed to 'standardise high quality family-centred care across the UK'.

3.52 In particular, staff members raised concerns that option A does not address the potential loss of access to specialty services currently provided at Royal Free Hospital, if the maternity and neonatal units at the hospital were to close.

3.53 It was felt that there would be a particularly negative impact on maternity service users receiving maternal medicine care and on other pregnant women and people with complex medical or other needs, including haemophilia and HIV, who might need to find alternative care should the units at Royal Free Hospital be closed[39].

3.54 There was also concern raised around what was described as a lack of cardiologists available at other NCL hospitals, compared to Royal Free Hospital; separately, an anaesthetist raised the possibility that implementing option A could have a negative impact on anaesthetic medical training, while another staff member asked about the future of the Royal Free Hospital Tongue Tie service if option A were to be chosen.

3.55 More generally, in relation to option A, some Royal Free Hospital staff felt that Whittington Hospital might be overwhelmed by demand even before the proposed model of care and preferred option could be fully implemented; a fear was expressed that closing the units in Royal Free Hospital would leave service users in the area 'dispersed' across London and that this would be suboptimal for their care.

Comments and questions around the implications of option A for NHS staff at Royal Free Hospital

3.56 Royal Free Hospital maternity and neonatal staff members raised several questions around how they and fellow colleagues might be affected, should option A go forward:

- if staff redeployment was to happen as a result of option A being chosen, how might that look?
- would there be any changes to employment terms, e.g. the difference between inner and outer London Weighting Allowance in staff salaries, if staff moved from Royal Free Hospital to another unit further out of London such as those at Barnet Hospital
- whether staff, especially those in higher bands (e.g. senior midwives), would be guaranteed a job if the neonatal and maternity units at Royal Free Hospital close and units elsewhere were already fully staffed
- what the changes would mean for joint midwifery and consultant posts in HIV and other specialist areas

3.57 It was suggested that student nurses currently working at Royal Free Hospital would have further to travel if they were, for example, moved to Barnet Hospital. Some staff suggested that senior leadership at Royal Free Hospital has not done enough to make the case to keep services at the site.

3.58 At least one member of staff at Royal Free Hospital suggested that workforce movement as a reason to prefer option A had been overstated given the proximity of Royal Free Hospital and Whittington Hospital, and that Whittington staff would easily be able to move to Royal Free Hospital. Elsewhere, it was suggested that staff redeployment could be achieved, but this would be something to be considered at a later stage in the programme.

[39] More detail about the medical specialties available at Royal Free Hospital mentioned by staff is provided in the following section around reasons for supporting option B.

NHS staff views on option B (preferred option)

Support for retaining maternity and neonatal services at Royal Free Hospital

3.59 As was the case with staff at Whittington Hospital, who typically spoke in favour of option A, NHS staff working at Royal Free Hospital felt that retaining and upgrading the units in which they currently work and instead closing the units at Whittington Hospital (option B) would provide better opportunities for quality service delivery because:

- Royal Free Hospital had been ahead of the national drive towards the development of a maternal medicine centre as a discipline through development of the maternal medicine pathways over the last 10 years
- Royal Free Hospital is able to offer people with more complex needs a more natural and efficient birthing experience because of the wider support available at the site and the effective and fast communication between multidisciplinary teams
- a recent MBRRACE-UK report on maternal deaths was cited as stating that the leading cause of maternal death in the UK is where existing medical conditions are involved, a factor that staff felt supported the retention of a maternity unit at the site due to the other medical specialisms also located there
- specifically, staff said that Royal Free Hospital has capacity and ability to look after pregnant women and people with very complex needs including, among others, diabetes, renal and liver transplant, cardiology, haemophilia and other blood clotting disorders, lupus, HIV, rheumatology and mental ill health
- 24/7 emergency on-site access to interventional radiology at Royal Free Hospital, which can be needed in an obstetric emergency, was highlighted as an example of specialist services on site; haematology and intensive care services at Royal Free Hospital were also described by staff as 'state-of-the-art' and difficult to replicate elsewhere
- more generally, the quality of services provided from Royal Free Hospital should be 'valued'; it was said that women and people giving birth choose to come to Royal Free Hospital because of its excellent reputation, and that service users can feel more comfortable there compared to a larger unit

3.60 In relation to specialty services, a haematology specialist at a staff event at Great Ormond Street Hospital (GOSH) noted that GOSH has the largest unit in the UK providing care for children with haemophilia and currently works in close partnership with Royal Free Hospital, the location of a specialist obstetric clinic for adult patients with haemophilia. They added that other hospitals in NCL, including Whittington Hospital, do not have the same expertise or infrastructure; and that the service would need to be re-provided at UCLH if the Royal Free Hospital unit was to close.

3.61 Neonatal and paediatric teams at Royal Free Hospital stated that, should option B be selected, they would be supportive on the assumption that an upgraded level 2 unit would come with all the required staffing such as middle grade doctors.

Feedback regarding upgrading the neonatal unit at Royal Free Hospital from level 1 to level 2

3.62 Returning to the theme of patient and service user flows to NCL hospitals, obstetric staff at Royal Free Hospital were keen to understand more about the activity modelling that has been done, and whether the potential upgrade from level 1 to level 2 neonatal care had been factored in. They and some other staff at

Royal Free Hospital suggested that more maternity service users might choose to give birth at Royal Free Hospital than is currently the case if the upgrade to the neonatal unit took place.

3.63 It was suggested that complex maternity service users are currently being moved elsewhere only because the neonatal unit at Royal Free Hospital is level 1; upgrading the unit to level 2 was therefore viewed as more beneficial to service users with complex medical needs than closing the unit at Royal Free Hospital in its entirety, and doing so might reduce the flow of patients to hospitals in neighbouring North West London.

3.64 Furthermore, some Royal Free Hospital staff said it would be beneficial for North Central London to have another unit that accommodates complex pregnancies and births, in addition to the maternal medicine centre at UCLH; this would be difficult to achieve in Whittington Hospital, it was suggested, making option B preferable.

3.65 Finally, some staff from Royal Free Hospital felt that the site has more space available to expand current facilities than is the case at Whittington Hospital.

Concerns around option B

3.66 Few concerns about option B were discussed by NHS staff; rather, as described in the previous section, support for option A focused on what were seen as the potential benefits of continuing to deliver neonatal and maternity services at Whittington Hospital.

3.67 A member of the research and development team at Whittington Hospital did, however, suggest that closing the neonatal and maternity units at Whittington Hospital would negatively impact the Trust's ability to carry out research at that site in clinical care and clinical services for women's health and paediatrics. They also suggested that doing so would undermine the paediatric unit at Whittington Hospital, which would in turn undermine the ED, thus destabilising the whole hospital.

3.68 Finally, some staff at UCLH were concerned that option B could represent a risk to neonatal care in NCL if experienced level 2 neonatal staff from Whittington Hospital were to leave the field as a result.

The proposal to close birthing suites at Edgware Birth Centre

3.69 The majority of verbal feedback on the proposed closure of birthing suites at Edgware Birth Centre was given at events for NHS staff working at the centre. Some verbal feedback was also given by staff at Royal Free Hospital, and it should be remembered that many staff members from across NCL gave feedback on the proposed closure via the consultation questionnaire as covered in Chapter 2 of this report.

Views on the rationale for closing the birthing suites

3.70 Staff at Edgware Birth Centre raised concerns around the figures presented regarding the number of service users choosing to give birth there. The modelling service user flows to Barnet Hospital was also questioned, and it was asked how often birthrates are reviewed to see if they are increasing.

3.71 Furthermore, staff working at the centre felt that:

- opportunity had not been given to increase the numbers of service users choosing Edgware Birth Centre because of how often it was shut due to the COVID-19 pandemic and issues with short staffing
- the pandemic has led to increased anxiety among expectant parents, who might prefer to opt for Edgware Birth Centre rather than a more 'medicalised' site

- the team has been working on a quality improvement initiative aimed at improving awareness of the unit, with numbers already increasing; they stated that:
  - 2.8% of maternity service users booking at Royal Free Hospital are now choosing Edgware Birth Centre.
  - home birth rates in the area are not increasing, but Edgware Birth Centre bookings are doing so
  - it might be possible to increase bookings further if the unit was opened to be a 'sector-wide' resource (i.e. if not just those booking at Royal Free Hospital can access it)
- that with homes being built around Edgware Community Hospital, usage would be likely to further increase in future

3.72 Some staff at Royal Free Hospital also suggested that the birthrate at Edgware Birth Centre are increasing, something that should be considered as part of any decision-making process, and that the centre might be used more if knowledge of it is increased and if it could serve people from the wider area.

3.73 A staff member at Royal Free Hospital stated that, in the weeks prior to the staff engagement event, the UCLH maternity service had needed to be on divert to other hospitals because of capacity constraints, putting more pressure on Royal Free Hospital and other services. They questioned the proposal to reduce the overall number of birthing units when there are capacity constraints.

Concerns and disagreement with the proposed birthing suites closure

3.74 Staff at Edgware Birth Centre and some staff at Royal Free Hospital raised concerns and expressed disagreement with the proposed closure of the birthing suites; they argued that the Birth Centre and its birthing suites offer valued, high-quality care for those able to use it, and that closure would reduce choice without delivering benefits.

Feedback around safety and quality of care

3.75 Verbal feedback was given around the safety and quality of care delivered at Edgware Birth Centre. Staff who work there said that alongside midwifery led units at the acute hospital sites are more medicalised, and that Edgware Birth Centre provides a different service. It was said that:

- Edgware Birth Centre is able to offer continuity of care that is valued by service users
- the physical separation of the birthing suites from the community hospital building leads to better outcomes for those giving birth and their babies, and that evidence suggests Edgware Birth Centre is a very safe place to give birth for those who choose it and are eligible
- staff at Edgware Birth Centre work well with emergency teams when transfer is needed and that transfers are rare and more often needed for a baby for observations post-birth
- low numbers of people giving birth are transferred from Edgware Birth Centre to other hospitals for epidurals or stitches, and that there is no 'bed-blocking'

3.76 It was therefore argued by some that 'priority' should be given to standalone birth centres rather than alongside midwife-led birth units.

Reduction of choice

3.77 Staff at both Edgware Birth Centre and Royal Free Hospital felt that closure of the birthing suites would represent a reduction in choice for service users, especially since many people would not be able to afford a

home birth as an alternative, or not have the required space. This would make Edgware Birth Centre their next preferred choice.

Proposals might not deliver improvements

3.78 Argued that staffing challenges leading to midwives being relocated to Barnet Hospital are largely resolved with there now being only a 2% vacancy rate for midwives.

3.79 It was added that, if birthing suites at Edgware Birth Centre were to close but home births were to continue as proposed, then savings from the closure might be minimal.

Impacts of the proposed changes and potential mitigations

Equality and health inequalities impacts of all proposals

3.80 Where verbal feedback was given, staff members attending meetings raised a number of potential impacts, and impacted groups, that they felt should be considered:

- ensuring understanding of health inequalities, including infant mortality rates and the experiences of maternity and neonatal care by pregnant people from Black, Asian and minority backgrounds, was felt to be important. Any changes to services should bring about continuous improvement, including monitoring inequalities impacts. It was said that there is a lot a good practice in place which ought not to be lost, but rather shared with the wider health system
- potential impacts on Orthodox Jewish residents were highlighted, not only in relation to the potential loss of services at Royal Free Hospital, but also in regard to visitors who are currently able to walk to their 'local' hospital on the Sabbath to visit family or friends (meeting the requirements of their religious practice) but would not be able to do so if visiting a hospital further away
- staff at Royal Free Hospital highlighted the needs of people with complex health issues such as haemophilia, blood clotting disorders or kidney or liver issues who are pregnant; they would, it was felt, be disproportionality impacted if option A were chosen because they would be moved away from specialist services for those conditions at Royal Free Hospital
- closing any unit(s) would have an impact on service users who are vulnerable due to complex social and healthcare needs (e.g. substance misuse) who would need to travel further
- similarly, the needs of those living in more deprived areas would have to be considered, and support with travel and (in the case of longer term neonatal care) accommodation costs should be considered

Impacts on NHS staff

3.81 Some staff members felt that the consultation document did not give enough consideration of the implications for staff. It was suggested that the consultation has brought back 'difficult memories' for some staff who experiences the closure of maternity services at Chase Farm Hospital as part of the Barnet, Enfield and Haringey Clinical Strategy, and some Royal Free Hospital staff explained that they have been hearing rumours from residents and staff at other hospitals (including in areas outside of NCL) that the whole of Royal Free Hospital will close, something that has been distressing for staff at the hospital.

3.82 Having the proposals come so soon after the COVID-19 pandemic, it was suggested, has left some staff feeling 'deflated'. It was felt by some that the longer the ongoing consultation process goes on without a decision,

the more anxious staff will become. There was a feeling that, in this respect, a defined timeline for the implementation of the proposals would be useful to staff.

3.83 Some staff felt concerned about the possible prospect of not having guaranteed jobs, should the proposals go ahead. NHS staff left 'in limbo' between the consultation closing and a decision being made, it was suggested, may need reassurance and support while they wait for an outcome.

3.84 More broadly, it was felt that increases to the cost of living, including accommodation, already make it more difficult to recruit staff to deliver NHS services. It was suggested that staff ought to be supported well if they have to move sites and that careful implementation would be required to prevent them leaving the Trust.

Alternatives, additional considerations and other comments

Alternative suggestions

3.85 Staff members suggested several alternatives or amendments to the proposals for maternity and neonatal services currently delivered at both Royal Free and Whittington hospitals. In each case, the suggestions included keeping some or all services at both hospitals:

- to keep all maternity units in NCL and upgrade Royal Free Hospital's neonatal unit to level 2
- to maintain some antenatal and postnatal services, and specialist clinics at Royal Free Hospital, even if the neonatal and maternity units close, as is the case at Chase Farm Hospital
- to consider whether Royal Free Hospital and Whittington Hospital services could merge, sharing aspects of each service with one another as opposed to closing a site

3.86 Similarly, in regard to the proposed changes at Edgware Birth Centre, it was suggested that consideration be given to keeping just one birthing suite at the centre, thereby retaining choice for service users.

Additional considerations and other comments

Implications of proposed changes for related hospital and community-based services

3.87 Staff members who shared their views at engagement events made some additional comments around the potential implications of proposed changes for other services delivered at NCL hospitals and in the community:

- neonatal unit and senior midwifery staff at UCLH raised the need to address long-term respiratory care for babies discharged from neonatal services who might still require long term respiratory care
- it was felt important that primary care and wider maternity pathways should be considered; could treatment for post-Caesarean section wound infection, for example, take place in the community rather than in hospital?
- consideration should be given to equitable access to holistic psychological services and a long-term plan put into place; interventional radiology pathways should also be considered, it was felt, if option A was to go forward

Issues for consideration by decision makers

3.88 Questions were also asked around the future implementation of any of the proposed changes, if they were to go ahead; staff asked whether decision makers would:

- consider a third-party perspective on the proposals (similar to the Ockenden report) to learn how option A could be implemented in a way that would give the necessary assurance to staff
- consider the long-term sustainability of services and what medical services are available on sites to support maternity care, whichever option might be taken forward
- conduct further research to explore individual pathways for complex maternity patients, currently cared for at Royal Free Hospital, should option A be chosen
- consider concerns that have been raised by service users about the quality of care at Northwick Park Hospital
- consider whether there could be a cap on the number of people booking into specific maternity units if they were to get really busy in the future
- ensure that the likely cost and time required to implement new digital systems and architecture, especially at external sites, would be given the necessary consideration

Other comments

The consultation process

3.89 During some meetings, NHS staff members asked questions and made comments about the consultation process, next steps and the timetable for implementation of any changes should they go ahead.

3.90 In relation to the consultation process, staff raised a number of questions:

- why is a public consultation necessary to implement the changes, given the strength of the clinical case for change?
- whether clinical support services should have been included as criteria in the options appraisal?
- how many ICBs have been involved in the programme, given the range of people from all over London who use NCL services?
- how has the consultation had been promoted to local residents and how they had been invited to engage?
- to what extent have service users who do not speak English as a first language have been engaged with during the consultation?

3.91 Questions also arose at several meetings regarding next steps and the decision-making process:

- what is the process for analysing the information gathered?
- how much influence would public opinion have on the decision?
- when might a final decision be made, and proposals implemented?
- what is the likelihood of the proposals not going forward?
- is the Department of Health and Social Care involved in the decision-making and who has the 'final say' on the decision?
- will NHS staff be informed of any decision before the public?

3.92 Finally, some NHS staff at meetings felt that a decision had already been made and that the consultation would do little or nothing to influence the outcome.

4. Service user engagement

Introduction

4.1 This chapter provides a summary of the feedback received at focus groups, drop in events, and other pop-up engagement activities with service users, organised by the ICB programme team. The meetings and drop-ins provided an opportunity for service users to hear about the proposals for maternity and neonatal services in North Central London (NCL) and to ask questions. Attendees were also invited to give feedback verbally, if they chose to, and to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.

4.2 Summary notes of questions and feedback arising were taken and passed to ORS for analysis and reporting. The programme of events and engagement from which verbal feedback was collected are listed in the table below. Details of all service user engagement activities and other events organised by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report[40]. Examples of questions asked at events (rather than feedback *per se*) can be found in Appendix V of this report.

Table 11: Engagement activities with service users from which verbal feedback was collected

Date	Event/Activity	Number of participants/ attendees
11 January 2024	Edgware Birth Centre - drop in, Edgware, Barnet	26
16 January 2024	Camden Council Parents Advisory Board, Camden	8
18 January 2024	Barnet Hospital - drop in, Barnet	32
25 January 2024	Chase Farm Hospital - drop in, Enfield	12
02 February 2024	Start Well Patient and Public Participation Group, NCL-wide	5
08 February 2024	Bemerton Children's Centre - residents, Caledonian Road, Islington	5
19 February 2024	Triangle children's centre - stay and play, Tottenham, Haringey	12
20 February 2024	A-class nursery - focus group, Tottenham, Haringey	8
23 February 2024	Hornsey Central Health Centre - drop in, Crouch End, Haringey	15
27 February 2024	Whittington Hospital - drop in, Islington	43
01 March 2024	Edgware Birth Centre - service users focus group (antenatal), Edgware, Barnet	2
01 March 2024	NCL Start Well Patient and Public Engagement Group	3
11 March 2024	Edgware Birth Centre - service users (postnatal), Edgware, Barnet	5

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

4.3 It should be noted that, in addition to these general drop-in events and other activities for services users, the ICB programme team undertook a range of targeted activities for communities and groups who might be particularly impacted by the proposed changes. These are covered in Chapter 5 of this report.

Views on the need for change

4.4 While feedback around the case for change presented by NCL ICB was limited, there was broad agreement among maternity and neonatal service users taking part in consultation engagement activities that some changes are required to address challenges and improve neonatal and maternity services in North Central London (NCL).

4.5 Those who agreed that change is needed acknowledged the challenges of midwife shortages and falling birth rates, and some discussed their perceptions of different levels of neonatal care and their preference to give birth at a hospital with a level 2 unit or higher in case their baby was unwell or there was an emergency. Additionally, it was felt that babies ought not to be removed from their families to receive care and that there is a need for change to ensure consistency across all NCL hospital sites.

4.6 Some service users participating in the engagement activities, however, said that they were unconvinced by the evidence presented, particularly around maternity services; their view was that services remain busy and therefore birth rates are not declining, leading them to disagree that there is a need for change to maternity care services in the area.

Views on the proposed model of care: neonatal services

4.7 Service users tended to agree with the proposed model of care for neonatal services, stating that higher level units would make them feel safer and that the proposals would likely help alleviate staffing issues, since staff would be stationed at fewer units across NCL. Furthermore, it was also suggested that neonatal transfers should be avoided whenever possible to reduce stress on service uses and that all units in the area should be level 2, making the proposals welcome.

4.8 While participants were generally supportive of the proposed model for neonatal care, some nonetheless expressed concerns. One service user worried that assets would not be moved across sites following a move from five sites to four, and another explained that they disagreed with the proposed model of care entirely as they believed that losing a neonatal care unit would increase demand at the remaining units, potentially having a negative impact on staff retention.

Views on the proposed model of care: maternity care

4.9 Service users' views on the proposed model of care for maternity services were more divided. Around half of participants agreed with the proposed model of care. It was said that, by closing one site, it would be easier to staff the remaining sites. Some believed that midwives are underutilised in the current care model and that the proposed changes to care could therefore be beneficial.

4.10 There were also many participants who raised concerns and identified potential impacts that might result from the proposed changes. It should be noted, however, that some of these were raised both by those who broadly agreed with or felt neutral about the proposals, as well as by those who disagreed. For the former, they were viewed as issues to be considered and mitigated for, while for those who disagreed the concerns raised were reasons not to go ahead with the proposed changes.

4.11 Concern was raised about the capacity of remaining units at acute hospitals in NCL to deal with an any increase in demand, if units at one site were to close. It was suggested that the remaining units might need additional support with capacity to ensure that they remain open and functional to service users. Others expressed broader concerns that the closure of any services would be detrimental to local communities as it would take away options for service users.

4.12 Services at University College London Hospitals NHS Foundation Trust (UCLH), in particular, were described as already busy; it was felt that it might be difficult for the unit there to cope with an increase in demand if another maternity unit in NCL closed. Furthermore, there was some concern expressed that pressure on UCLH might increase as a result of the consultation itself, with one participant suggesting that bookings in maternity services were already changing following the announcement that the Royal Free Hospital maternity unit could potentially close. Maternity services in UCLH were said to have temporarily closed to new bookings in the past, raising concerns about the potential implications on service users if this were to happen again in the future with one fewer site.

Views on proposed locations of maternity and neonatal care services

4.13 When discussing the proposed location of services for maternity care, service users' opinions were largely divided along geographic lines, with those attending engagement activities closer to Royal Free Hospital and/or already having experience of its services typically preferring option B (retaining maternity services at Royal Free Hospital and upgrading neonatal care to level 2, with closure of these units at Whittington Hospital). Participants in engagement activities closer to and/or with experience of services at other NCL hospitals, by contrast, tended to prefer option A (retaining maternity and level 2 neonatal care at Whittington Hospital, while closing the units at Royal Free Hospital).

Option A - retaining services at Whittington Hospital, with the closure of units at Royal Free Hospital

4.14 While not all of those who preferred option A explained why that was the case; of those who did provide a reason for their views, many described their own positive experiences of services at Whittington Hospital, as well as it being closer to them than Royal Free Hospital. Some added that the proposed investment into the remaining services at other NCL hospitals would be welcome.

4.15 There were also, however, expressions of concern about option A from some service users. Mostly, these concerns were based on issues around travel and access to services if services were no longer to be provided at Royal Free Hospital. Some service users felt that the average journey times stated in the consultation documents were inaccurate, based on their own experiences travelling to reach hospital services.

4.16 Concern was expressed that parents living closest to Royal Free Hospital would be disadvantaged if, for example, their baby were to initially receive neonatal care out of area (e.g. North West London) and then later be transferred to a hospital in North Central London that was further from their home than Royal Free Hospital (i.e. under option A).

4.17 Others cited their own positive experiences at Royal Free Hospital when disagreeing with Option A and described 'feelings of loss' around the proposal to close the site; one participant questioned whether implementing option A would impact maternity staff currently provided with accommodation close to Royal Free Hospital.

Option B - retaining services at Royal Free Hospital, with closure of units at Whittington Hospital

4.18 As described above, participants at engagement activities closer to Royal Free Hospital, or who had used its services in the past, tended to agree with option B and often described their experiences there positively.

4.19 Travel and access to maternity and neonatal services was also raised, with those who preferred option B expressing concerns about services in other hospitals being further away. Some added that transport links to Royal Free Hospital are better than to some other sites due to the underground and overground train services and availability of parking. This, they felt, would be a benefit of keeping services at Royal Free Hospital.

4.20 By contrast, those service users who expressed concerns about option B raised potential issues around travel times for service users living closer to Whittington Hospital. It was said that travelling to Whittington Hospital can be time-consuming, even for those living closest to that site, and therefore the prospect of having to travel further is concerning.

Views on the proposed closure of birthing suites at Edgware Birth Centre

4.21 Among participants who expressed support for the proposal to close midwife-led birthing suites at Edgware Birth Centre, some felt that the consultation document had explained things clearly and given them confidence in the proposals. One service user argued that it would be better to close the birthing suites and move staff to busier maternity units, rather than to have them under-utilised at an underused site.

4.22 Participants who disagreed with the proposals or expressed concerns about them said that the midwife-led birthing suites provide a 'different' offer for those who do not want to give birth at an acute hospital site and that it is 'like giving birth at home' in a relaxed and calm environment. Service users at Edgware Birth Centre said they felt they had a 'one-to-one experience' with midwives and felt in control.

4.23 Services at Edgware Birth Centre were described as 'unique across London'; it was suggested that low demand is likely due to a lack of awareness rather than a lack of interest. Furthermore, the proposed closure was seen by those who disagreed as representing a loss of choice, with some questioning whether people would still be able to choose where they have their baby, or if they would simply be allocated a place somewhere.

4.24 One participant with experience as a clinician on labour wards felt that closing the birthing suites would remove an important choice for many current and future service users and therefore be an upsetting or distressing idea to members of local communities. Another asked what would happen with the proposed closure in light of the unit recently being rated 'good' by the Care Quality Commission.

4.25 Concerns were also expressed that the proposed closure might make people who want a less 'medicalised' birth feel forced into home births, which might not be their first choice. It should be noted, however, that during discussions around standalone and alongside midwife-led units, some services users became more supportive of the proposed closure, though this was not always the case.

4.26 Finally, one service user described the maternity unit at Barnet Hospital as busy and said that it can be difficult to access a doctor; closure of birth units at Edgware and the maternity unit at another hospital (Royal Free Hospital or Whittington Hospital) would, they felt, make it likely that services at Barnet Hospital would become even more difficult to access.

Mitigations and alternative suggestions

4.27 Participants suggested several mitigation measures they felt could lessen impacts of changes to services, as well as alternative approaches that could be taken to address current challenges and improve services.

4.28 Some felt that low risk pregnancies should be encouraged to take place at home to reduce demand on services. It was also said that added investment in home birth services and educating pregnant women and people about home births would be needed in this scenario.

4.29 Some service users asked whether additional funds could go to North Middlesex Hospital to support the additional births that might happen there as a result of the proposals. It was felt this would be required as it was claimed that there are already existing staff shortages at the site.

4.30 It was suggested that, if the proposed changes were to be implemented, there would be a need to provide, or increase, support for service users who have to travel further to visit their babies in neonatal units, including financial reimbursement for travel and support with the cost of car parking.

4.31 Some individual participants suggested that:

- ensuring maternity service users have calmer and easier labours might reduce the demand for neonatal care
- the proposals represent an opportunity to improve other aspects of maternity care, including better access to mental health services, hypnobirthing, and parenting classes

The consultation process

4.32 Finally, some participants commented on the consultation process, including: the importance of clarity around decision and implementation timetables, easier online access to easy-read and translated documents, clarity of language in the consultation documents and clear communication about the consultation and how to take part, particularly to ensure that vulnerable people are able to take part.

5. Targeted engagement

Introduction

5.1 During the consultation process, a range of targeted engagement activities were planned by the ICB programme team to ensure the views of potentially impacted populations, and those most likely to be affected by the proposals due to underlying health inequalities or barriers to access, could be heard. The engagement was informed by the interim Integrated Impact Assessment (IIA) and kept under review throughout the consultation[41].

5.2 The activities were adapted to the needs and expectations of each group and provided an opportunity for service users to hear about the proposals for maternity and neonatal services in North Central London (NCL), to ask questions and to give feedback verbally, if they chose to, or to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.

5.3 Summary notes of questions and feedback arising were taken and passed to ORS for analysis and reporting. The programme of events from which verbal feedback was collected are listed in the table below. Details of all targeted engagement activities and other events organised by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report[42]. Examples of questions asked at events (rather than feedback *per se*) can be found in Appendix V of this report.

Table 12: Targeted engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of participants/ attendees
Age		
31 January 2024	Women aged 35+ focus group, NCL-wide	4
05 February 2024	Women aged 35+ focus group, NCL-wide	1
12 February 2024	Start Well Youth Summit, Camden (attendees NCL-wide)	18
28 February - 11 March 2024	Start Well Youth Summit, NCL-wide (5 x online sessions)	15
People with disabilities and long-term medical conditions		
29 January 2024	Elfrida Society - learning difficulties focus group, Highbury, Islington	6
30 January 2024	Royal Association for Deaf People - staff discussion	2
26 February 2024	Barnet Mencap - focus group, Finchley, Barnet	2
07 March 2024	ADHD Support group - focus group, Canonbury, Islington	5
Minority ethnic communities and geographic areas identified in the interim IIA		

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

18 January 2024	Haringey Somali Community Network, Haringey	12
31 January 2024	London Islamic Cultural Society and Mosque, Hornsey, Haringey	9
03 February 2024	Umoja - African Health Forum, Gospel Oak, Camden	10
08 February 2024	Bemerton Children's Centre - stay and play, Islington	4
12 February 2024	Archway Children's Centre - stay and play, Archway, Islington	15
13 February 2024	Barnet Multifaith Forum, Barnet	12
14 February 2024	Andover Community Centre - stay and play, Finsbury Park, Islington	12
14 February 2024	Assunah Women's Group, Tottenham, Haringey	8
15 February 2024	New River Green Children's Centre, Islington	6
21 February 2024	Romanian and Eastern European Centre - stay and play, Wembley, Brent	6
22 February 2024	RISE Project - Somali parents (mental health support group), Tottenham, Haringey	11
26 February 2024	Agar Children's Centre and Family Hub - stay and play, Camden Town, Camden	6
28 February 2024	Enfield black community health forum (Inspire London), Enfield	2
28 February 2024	Phoenix Family Centre - Somali women focus group, Edmonton, Enfield	23
29 February 2024	House of Polish and European Community, Wood Green, Haringey	8
01 March 2024	Bengali Workers Association - focus group, Euston, Camden	15
04 March 2024	Manor Gardens Centre - focus group, Holloway, Islington	15
04 March 2024	Hornsey Road Children's Centre – special education needs – stay and play, Holloway, Islington	9/6
05 March 2024	Hornsey Road Children's Centre - stay and play, Holloway, Islington	15
04 March 2024	Noel Park Children's Centre - Bulgarian and Albanian families stay and play, Tottenham, Haringey	8
11 March 2024	Daniel's Den – stay and play, Willesden, Brent	6
12 March 2024	Kilburn Grange Children's Centre - stay and play, Kilburn, Camden	18
15 March 2024	Daniel's Den – stay and play, Harlesden, Brent	15
Orthodox Jewish community		
18 January 2024	Charedi Women's Health Alliance, North London	8
07 February 2024	The Interlink Foundation - focus group, Stamford Hill, Hackney	9

19 February 2024	Triangle children's centre - Orthodox Jewish families stay and play, Tottenham, Haringey	7
21 February 2024	Engagement with the Orthodox Jewish community, Golders Green, Barnet	10
07 March 2024	Engagement with Orthodox Jewish Community - residents, Golders Green, Barnet	8
07 March 2024	Engagement with Orthodox Jewish Community - stakeholders, Golders Green, Barnet	16
Mental health service users		
27 February 2024	Service users with experience of mental health problems - focus group, NCL-wide	2
Various dates	1-2-1 interviews with service users with experience of perinatal mental health services	5
Royal Free Hospital maternal medicine service users		
Various dates	1-2-1 interviews with Royal Free Hospital maternal medicine service users	5

Views on the need for change

5.4 There was widespread recognition and understanding of the challenges facing neonatal and maternity services in North Central London (NCL), and that some changes are needed to make better use of resources and address changing population need. In particular, challenges around staff recruitment and retention and high vacancy rates were broadly acknowledged, with participants in several sessions citing unplanned closures of units as a result of staffing shortages, and pressure on midwives and doctors who cannot provide the quality of service to which they strive.

5.5 In considering neonatal services, participants strongly supported the minimisation of inter-hospital transfers. Several highlighted personal experiences of their babies being moved to hospitals further away from home for neonatal care, which they described as stressful both emotionally and practically in terms of the travel impact.

5.6 Issues with the delivery and postnatal environments at both Whittington Hospital and Royal Free Hospital were noted. With respect to Whittington Hospital, participants in the groups for women aged 35+ referred to “old” and “uncared for” labour rooms, a ”dated” and noisy postnatal ward where it is difficult to rest and recover from labour and delivery, and a lack of rest areas and toilets for partners near the ward.

5.7 Some participants questioned certain aspects of the case for change. Most notably, while acknowledging that birth rates are declining nationally, many groups and individuals questioned whether this is the case locally, particularly within the Somali and Orthodox Jewish communities, where large families are the cultural norm. In fact, birth rates among the latter were said to have increased over recent years.

5.8 Furthermore, at the Interlink Foundation focus group (a charity that works with the Orthodox Jewish community in North London) it was noted that staffing challenges and those associated with an increasing

number of complex pregnancies are national issues, not only local ones, and that implying that this is "an issue that relates only to NCL [is] a misrepresentation of reality."

Views on the proposed model of care: neonatal services

5.9 Participants tended to agree with the proposed model of care for neonatal services, particularly the prospect of all units being at least level 2 to minimise transfers of care. Separating mothers and babies after birth was described several times as "traumatic" and something that has a significant impact on bonding and attachment.

5.10 The potential for more sustainable and robust service provision through consolidating services on four sites was also considered a key benefit of the proposed model of care. One participant at the Elfrida Society focus group also praised the potential for more psychological support for those with babies in neonatal care.

5.11 While there were concerns about the additional travel distances that would arise for some through consolidating neonatal services, there was widespread agreement that parents would be prepared to accommodate this to ensure their child receives the best possible care. Other concerns related to pressures on and capacity within the remaining units were one to close.

Views on the proposed model of care: maternity care

5.12 Participants' views on the proposed model of care for maternity services were more divided.

5.13 A minority agreed with the principle of consolidating maternity care on fewer sites, mainly as they felt this would improve quality and continuity of care, minimise patient transfers, and help meet staffing challenges. For example, all mothers who were in attendance of the stay and play session at Agar Children's Centre and Family Hub in Camden were supportive of the proposal to close one unit; it was felt that having a better provision of staff would improve the quality of care provided.

> "Anything that can be done to support staff, I'm supportive of." (Stay and play session at Agar Children's Centre and Family Hub)

5.14 However, many more raised concerns and identified potential impacts that might arise from the suggested changes. Some of these were raised as issues to be considered and addressed by those who broadly agreed with or felt neutral about the proposed model of care; whereas for those who disagreed, they were reasons not to implement it.

5.15 The key issue raised across many groups and interviews was the potential for increased pressure on the remaining four maternity units should one close. Services were said to be under considerable strain already, impacting on the quality of the care they provide, and participants were concerned that the proposals would exacerbate this, creating risk for mothers and babies.

5.16 On a related note, unplanned closures of maternity units because of capacity issues were said to occur relatively frequently. For example, the Orthodox Jewish stakeholders highlighted a recent closure at the UCLH site, which had a significant impact on activity levels at Royal Free Hospital. Participants in several groups asked what would happen should a similar situation happen in future if there is one fewer hospital to take those who cannot access their unit of choice.

5.17 For those who would prefer to give birth at either Royal Free Hospital or Whittington Hospital, having to travel to an alternative site could, it was said, cause them significant anxiety at an already vulnerable time.

Indeed, the idea of 'obstetric vulnerability' was frequently raised in the context of pregnant people needing to feel safe and know their needs will be met; this, it was felt, could be compromised by having to travel further to an unfamiliar site.

5.18 Other impacts were noted in relation to travelling to a hospital further away from home, especially in the event of antenatal care also being provided there. For higher risk pregnancies, where someone may need more appointments, it was said that travelling further for appointments on a regular basis could be time consuming and costly. Similarly, those in the latter stages of pregnancy often have more frequent appointments and would suffer the same potential impacts. Emergencies were also a concern, with several participants commenting on the potential risks of mothers and babies having to travel further in situations like cord prolapse.

5.19 With respect to the possibility of accessing some services like antenatal care and maternal medical care at one hospital and giving birth at another, there was concern about poor continuity of care, fragmentation of services, and disjointed patient records. Participants in several groups also commented that giving birth is an extremely vulnerable time, and that seeing familiar doctors and/or midwives who know your case and needs is comforting. As such, most of those who commented said they would prefer to receive their antenatal care in the same hospital as they plan to give birth.

5.20 There was, however, support for community-based antenatal support from Orthodox Jewish participants especially, who currently benefit from the provision of community midwives who are either community members themselves or have worked in the area for a long time and understand residents' needs. Women who gave birth at Royal Free Hospital described attending antenatal appointments with midwives at GP surgeries and other health centres in Golders Green and were supportive of this continuing and potentially expanding to include obstetric appointments. Moreover, for those who chose Whittington Hospital, community midwives saw them in the Triangle Family Centre and local GP surgeries, which was convenient and saved a great deal of travel time.

5.21 There was also some support for providing community-based postnatal appointments to mitigate the impact of journey times to more distant hospital sites. In particular, a Barnet resident in one of sessions for women aged 35+ complained that "in Barnet it is very hard to get to appointments via public transport" and that they often have to take a newborn on two different buses to get to appointments.

5.22 Other concerns were around reduced patient choice as a result of a reduced number of maternity units, and doubt that the proposed model of care will address the aforementioned staffing challenges. In fact, it was suggested that they may be exacerbated in the event of increasing pressure on remaining units, as staff working conditions could worsen and some employees may prefer to leave their jobs rather than be redeployed or relocated to another maternity unit.

Views on proposed locations of neonatal and maternity care services

5.23 When discussing the proposed location of services for maternity care, participants' opinions were divided along geographic lines, with those attending engagement activities closer to Royal Free Hospital or having experience of its services typically preferring option B (retaining maternity services at Royal Free Hospital and upgrading neonatal care to level 2, with closure of these units at Whittington Hospital); and participants in engagement activities closer to or with experience of services at Whittington Hospital, by contrast, tending to prefer option A (retaining maternity and level 2 neonatal care at Whittington Hospital, while closing the units at Royal Free Hospital).

5.24 Four of the individual service users with experience of perinatal mental health services and participants from the following eleven groups or meetings explicitly or implicitly stated a preference for option A: ADHD support group; Archway Children's Centre; Assunah Women's Group; Bemerton Children's Centres stay and play; Haringey Somali Community Network; House of Polish and European Community; Manor Gardens Centre; New River Green Children's Centre; Phoenix Family Centre (Somali women); RISE Project (Somali Parents); Triangle Children's Centre Orthodox Jewish families stay and play; and one of the two focus groups for women aged 35+.

5.25 Participants in the following eight groups explicitly or implicitly stated a preference for option B: Charedi Women's Health Alliance; Interlink Foundation; Romanian and Eastern European Centre stay and play; Start Well Youth Summit; 'Sisters Group' discussion at London Islamic Cultural Society and Mosque ; and the three sessions with the Orthodox Jewish community in Golders Green.

5.26 Opinion around the location options was divided at the other of two focus groups for women aged 35+ and the Umoja African Health Forum, while attendees at the Bengali Workers Association and one attendee at the mental health service users' discussion rejected both options, stating instead that both current units should stay open.

5.27 Parents who attended stay and play sessions at Archway Children's Centre and Hornsey Road Children's Centre, both in Islington, said they would choose to access care at UCLH should services at Whittington Hospital discontinue.

5.28 Finally, no preference was recorded from engagement with Barnet Mencap, Barnet Multifaith Forum, Elfrida Society, Enfield Black Community Health Forum [Inspire London], Noel Park Children's Centre, and Royal Association for Deaf People. One of the individual interviewees with experience of perinatal mental health services also expressed no preference.

Option A - retain services at Whittington Hospital, and close units at Royal Free Hospital

5.29 Aside from proximity (i.e. Whittington Hospital being 'the nearest hospital' for participants), support for option A was mainly predicated on:

- Whittington Hospital's good reputation and positive culture, albeit noting the poor quality of the current estate, and that investment would have positive impact on patient experience
- participants' personal experience of good care and treatment at Whittington Hospital, delivered by 'polite,' 'friendly,' 'knowledgeable,' 'caring,' and 'supportive' staff who involve parents in decision-making around the birthing process: "The staff take your pain away with their kindness." (Rise Project: Somali Women)
- Whittington Hospital's provision of services locally (e.g. antenatal appointments in GP surgeries); this, it was said, ensures continuity of care and leads to positive birth experiences
- Whittington Hospital's focus on the perinatal mental health of both the gestational and non-gestational parent, which is an "absolute strength" (service user with experience of perinatal mental health services)
- the modern facilities available at Whittington Hospital: the midwife-led birthing suites were described as "amazing… it felt like a five-star hotel stay" (ADHD support group)
- the accessibility of Whittington Hospital to residents in north London (and conversely, the poor accessibility of Royal Free Hospital), e.g. "the hospital provides an effective holistic service to all Islington residents" (meeting at Bemerton Children's Centre)

5.30 Two participants with experience of perinatal mental health services stated a preference for option A; they stressed the importance of communication and feeling supported by staff, and both described negative, 'traumatic' experiences at Royal Free Hospital, compared to very positive experiences at Whittington Hospital.

5.31 A few other targeted engagement participants with experience of both hospitals viewed Whittington Hospital more favourably than Royal Free Hospital; others acknowledged that their perceptions of poor care at Royal Free Hospital were based on anecdotal evidence rather than personal experience.

Option B - retain services at Royal Free Hospital, and close units at Whittington Hospital

5.32 Again, aside from proximity, support for option B was based around:

- participants' personal experience of good care and treatment at Royal Free Hospital, where they were fully supported and treated with dignity
- the accessibility of Royal Free Hospital to residents in areas like Hendon, Golders Green, Finchley, Willesden, and Hampstead by private and public transport and, for some, on foot (and by contrast, the poor accessibility of Whittington Hospital)
- good on-site and off-site parking facilities at Royal Free Hospital, especially in comparison with Whittington Hospital and UCLH
- the ability of Royal Free Hospital to cater for more complex labours than they can at Whittington Hospital
- the greater availability of labour rooms at Royal Free Hospital compared to Whittington Hospital (in the Assunah Women's Group session, while it was understood that investment at the latter would improve facilities there, participants were worried about the impact on patients during the planned works)
- the maternity unit being smaller and "more personal" than those at other hospitals
- the fact the "cost per journey is less expensive" (Start Well Youth Summit) and fewer people would be displaced to other hospitals
- the poor care and treatment received at Whittington Hospital by some participants, who described perceived staff rudeness, treatment delays, and outdated facilities

5.33 Several participants, especially those from the Orthodox Jewish community, described the excellent pre-natal care received by high-risk mothers with complex health conditions at Royal Free Hospital through the involvement of clinicians from across specialties using fully developed and functional pathways. Examples were given around multidisciplinary care for mothers with diabetes, Factor 11 deficiency (which is more common in the Orthodox Jewish community and can be dealt with by the specialist haemophilia service at Royal Free Hospital), Crohn's disease, kidney disease, and heart conditions.

5.34 By comparison, other hospitals were not thought to have the equivalent specialties all together, which would mean more disjointed care (and associated travel) for pregnant people if Royal Free Hospital maternity unit were to close.

> "These exist under one roof [at Royal Free Hospital] which no other hospital offers…" (Orthodox Jewish Stakeholders, Golders Green)

5.35 The availability of specialist services at Royal Free Hospital was also highlighted, such as: the 'Acacia Team' of specially trained midwives with additional expertise in supporting women with pre-existing mental health conditions, high levels of anxiety, previous traumatic birth experience, or who have been on the fertility pathway; and the Intensive Therapy Unit (ITU), the lack of access to which "could be risking maternal wellbeing" (Orthodox Jewish Stakeholders, Golders Green).

5.36 As alluded to above, the group most in favour of option B, and the one that would seemingly be most impacted by the closure of the maternity unit at Royal Free Hospital, was the Orthodox Jewish community. Participants across all relevant sessions highlighted the importance of Royal Free Hospital to the local community, and the significant anxiety among residents about what the loss of the maternity unit there would mean.

5.37 It was highlighted in feedback that Royal Free Hospital has made efforts to understand and accommodate the Orthodox Jewish community's requirements, offering culturally appropriate care**.** Stakeholders from the Orthodox Jewish Community in Golders Green described an "institutional empathy and understanding" of their community's values and needs at the hospital, which has helped forge a relationship of trust between it and the community over many decades. This, it was said, would be difficult to replicate at other units in NCL as it takes time and effort to build up this level of trust, understanding, and affinity, which is ingrained within the fabric of Royal Free Hospital.

5.38 Participants gave specific examples of how they felt Royal Free Hospital understands the requirements of community members and are supportive (and often proactive) in ensuring they can be met. For instance:

- staff understanding that women in labour on the Sabbath are unlikely to have their telephones on them, or that if a woman asks a member of staff to turn on/off a light this is due to their religious practices
- one woman described feeling uncomfortable about being assigned to a male midwife during labour when shifts changed; her concern was understood instantly and handled sensitively and compassionately
- where women need to be treated on Sabbath, consultants are skilled at speaking to Rabbis to get assurances about the treatment needed, and that it is not breaking regulations

5.39 Participants also said that:

- residents are very positive about the level of care received at Royal Free Hospital and feel a significant level of personal connection to the hospital due to the large number of residents and/or family born there
- Royal Free Hospital is well set up for the Orthodox Jewish community, meaning they feel 'at home' in the hospital; stakeholders and residents noted the availability of Kosher food, a Shabbat room for patients and visitors, private rooms near the hospital to ensure people can stay when they cannot travel during Sabbath, and the presence of other Orthodox Jewish people, making patients feel at ease; this was not said to be the case at other hospitals
- the community is reassured by the proximity of Royal Free Hospital, especially given that Orthodox Jewish women who already have large families sometimes have quick labours
- the closeness of the hospital helps mitigate concerns about action that might be required on the Sabbath or religious holidays that would not be typically allowed, such as transporting a woman in labour to hospital by car

- restrictions around using transport on the Sabbath do apply before and after a woman has given birth, and the closeness of the hospital means that family members and friends are able to walk to Royal Free Hospital on Saturdays and during religious festivals to offer their support
- many of the staff at Royal Free Hospital are from the Orthodox Jewish community, which means patients do not need to explain their customs, requirements, and needs when accessing maternity care
- the role and importance of doulas[43] for Orthodox Jewish women is well understood at Royal Free Hospital; at other hospitals they feel that they are dismissed and not welcomed by midwives and doctors; moreover, as many doulas are older in age and work as a charity, if they must travel further to support women to give birth, there was concern that they may not offer this service as consistently as they do now
- Royal Free Hospital has built good links with organisations like the Chana Charity (a fertility clinic serving the Jewish Community) to support and care for patients; a charity representative said that there is not the same level of connection with the maternity units at other NCL hospitals

5.40 To understand how maternity services users with pre-existing medical needs or pregnancy-related medical conditions might be affected by the NHS's preferred option A, five one-to-one interviews were undertaken with people who had received maternal medicine care Royal Free Hospital. A key theme across the interviews was continuity of care before, during and after giving birth, with one interviewee explaining how the different medical teams involved in their care at Royal Free Hospital had corresponded frequently to discuss their case and make plans. Having specialists on the same hospital site, they explained, made them feel assured during their pregnancy.

5.41 Similarly, concerns were expressed in interviews that option A might have negative impacts on maternity service users with complex needs because there would not be familiar clinicians or medical records from Royal Free Hospital on site; they felt that option B would be preferable, therefore, because doctors and nurses who have experience with these patients would be able to share useful information with maternity staff more easily.

5.42 The possibility of accessing some services (e.g. antenatal care, maternal medical care) at one hospital and then giving birth at another was a considerable concern; one interviewee explained that the surroundings of the maternity unit would then be unfamiliar and staff unknown, making care 'disjoined' compared to everything being on the same site. One participant described 'feeling like a number' after their baby was born and experiencing insensitive comments from some staff; they felt that more continuity on the ward would have prevented this, since more staff would know them and their medical needs.

5.43 Finally, Royal Free Hospital maternal medicine interviewees also raised broader concerns that parents and service users with long-term conditions and disabilities might find it more difficult than others to travel further if their local service(s) close; their needs, it was felt, would have to be considered as part of all proposals for changes to models of care.

Views on proposed locations of maternity and neonatal care services: other hospitals

5.44 Regardless of which option is taken forward, improvements were thought to be needed at other hospitals in NCL. In particular, while there was some praise for the care and treatment received there, participants in

[43] Volunteers who support women during and immediately after birth.

several group discussions for minority ethnic NCL service users described poor experiences at North Middlesex University Hospital such as poor facilities, rudeness, and in some cases, what was felt to be overt racism and micro-aggression on the part of some staff members.

5.45 Several participants said that raising concerns or making a complaint was difficult given that English is not their first language, or even their second language in some cases. The participants said that these negative experiences had strongly impacted their view of maternity services in general and their personal decision making regarding future pregnancies.

5.46 At all these sessions, negative personal experiences and word-of-mouth were said to have led to low levels of trust in local maternity services and members of their community opting to deliver at another maternity unit in NCL. Participants questioned whether future investment would include training healthcare professionals to be "more compassionate and sensitive to different communities."

Views on the proposed closure of birthing suites at Edgware Birth Centre

5.47 Participants in around half of the groups/interviews commented on the proposed closure of the birthing suites at Edgware Birth Centre. In the groups/interviews that did not, many participants were unaware of the suites' existence.

5.48 A few participants (at the House of Polish and European Community and Start Well Youth Summit sessions) opposed the proposed closure, mainly on the grounds of patient choice. However, most agreed that they should be closed for the following reasons:

- the low number of births at the suites represents an ineffective use of resources like midwives, who could be better deployed to under-resourced units: "Seems odd to have these units that are standing empty all of the time" (Women aged 35+)
- while the suites are a 'nice idea' they are not realistic for most parents, who want the reassurance of having doctor-led medical care nearby in the event of complications and do not wish to run the risk of transfer to another hospital during labour
- the trend toward more complex pregnancies means the suites may see even less activity in future: "So easy to fall off the ideal pathway which leads people to being comfortable with you giving birth in the birth centre" (women aged 35+)
- participants at a couple of sessions for the Orthodox Jewish community, as well as the Muslim women at the Manor Gardens Centre focus group, said midwife-led care is not their cultural norm; as such, the closure of Edgware Birth Centre would not be seen as a significant loss

5.49 There was, though, some support for using the facility to provide more community-based antenatal and postnatal care.

5.50 With respect to birthing suites more generally, there was some feeling among the women aged 35+ that they are something of an 'elite' service that is only available to a small number of people who meet set eligibility criteria. Indeed, one of the women aged 35+ described a sense of being "punished" for not meeting these criteria as not doing so means accessing services that are overcrowded and under resourced. In light of this, it was suggested in several groups that the more tranquil and 'natural' birthing experience offered at birthing suites should be replicated as far as possible within hospitals to ensure everyone can benefit, rather than the "select few." (Women aged 35+)

Equalities impacts[44]

Parents with older children

5.51 Having to travel further for appointments and care or to visit a baby in neonatal care would, it was said, be particularly problematic for parents with other children to care for. Lone parents, especially those without a support network, were particularly highlighted in the context of arranging childcare – as were those with large families (which, as noted previously, is particularly common in the Orthodox Jewish and Somali communities).

> "If you already have children, it can be more difficult to attend appointments, so being in close proximity is helpful." (Manor Gardens Centre)

People who are reliant on public transport

5.52 Service users and visitors who rely on public transport were repeatedly highlighted as being at higher risk of negative impacts should one of NCL's maternity and neonatal units close. This was said to represent a considerable proportion of the population in some areas of NCL.

5.53 Journeys by public transport while pregnant can, it was said, be stressful; and additional challenges for those with other children were highlighted, due to a lack of space for buggies on buses and tube trains for example. Moreover, a couple of participants with disabilities or chronic health conditions described how difficult and stressful journeys by public transport can be, suggesting that these difficulties would be exacerbated by having to travel further.

People from lower socioeconomic backgrounds

5.54 Longer, more complex, and more costly journeys to alternative hospital sites would, it was felt, have a disproportionate impact on people from lower socioeconomic backgrounds.

> "Increased travel costs will add up over time." (Start Well Youth Forum)

Older mothers

5.55 The women aged 35+ suggested that many older mothers require more antenatal and postnatal appointments given the higher risk of complications with advanced maternal age, and that they may thus be significantly impacted by having to travel further for them.

People with learning and physical disabilities

5.56 Participants at the Elfrida Society focus group and the session for parents with ADHD highlighted that people with learning disabilities need routine and would find it difficult to move hospitals if they are comfortable with staff and have good support at the one they currently use. This was echoed by Inspire London, who noted the challenges people with learning disabilities have in navigating unfamiliar sites.

[44] The possible impacts of the proposals on the Orthodox Jewish community and Royal Free Hospital maternal medicine patients have been reported extensively earlier in this chapter and have not been repeated here.

5.57 The Royal Association for Deaf People said that deaf people may also find it harder to navigate to an unfamiliar hospital site.

People with mental health issues

5.58 As noted earlier, Whittington Hospital was thought to be especially good at offering perinatal mental health support. Participants in targeted engagement activities described:

- receiving an enhanced package of care from preconceptual advice to postnatal care
- the maternity team working in partnership with the psychiatry team to provide a seamless service
- thoughtful reassurance and practical support from the in-house mental health specialist team before, during and after birth

5.59 Participants were worried that such compassionate, integrated care would not be available elsewhere, which would negatively impact their experiences of having more children in future. Indeed, one said that they would be terrified at the prospect of having to go to another hospital in the future.

People whose first language is not English

5.60 People whose first language is not English commented on the difficulties they currently experience communicating with healthcare staff and accessing information about services. There was some concern that this would be exacerbated in the event of having to visit unfamiliar sites, as signage tends to be in English and communication with staff can be challenging.

Mitigations and alternative suggestions

Mitigations

General

5.61 Some general mitigations suggested across the targeted groups and interviews were as follows:

- assistance with travel costs for those on lower incomes
- support for parents to stay with a child on a neonatal unit, especially if their homes are further away through the implementation of either option A or B
- cultural competency/sensitivity training for staff across all sites
- a patient transfer ambulance to mitigate against the cost of transport
- other transport provisions like a ‘dial-a-ride’ style support system; and an Uber-style pick-up for hospitals that can use bus lanes
- enhancing estates and facilities generally in order to ensure there are benefits despite the loss of some local services

Ethnic minority communities and people whose first language is not English

5.62 For any hospital/unit, the Orthodox Jewish Stakeholders stressed the need for sensitivity to their community’s specific needs in the planning of physical facilities. They suggested the following:

- the availability of Kosher food
- the removal of everything automatic (e.g. lights, urinals, flush toilets)

- Shabbat spaces that conform to the requirements of Jewish law, and that are sited in areas that do not feel isolated or unsafe to access at night; one participant described, as an example, the Shabbat room at Whittington Hospital as being down a long corridor in the basement
- chaplaincy that understands the community's needs and requirements and can ensure appropriate links and contacts are in place
- ensuring maternity staff understand the role of, and establishing positive working relationships with, doulas
- if option A is approved, reconsider a proposal for Hatzola to provide a form of community-based birthing support, which was declined by CQC a couple of years ago, with one of the main reasons being that Royal Free Hospital was so close

5.63 Muslim residents also felt that all hospitals should better cater for their communities by offering Halal food.

5.64 In terms of mitigations for those whose first language is not English, ensuring information and communication about any service changes is provided in all required languages was considered essential, as was offering more translation/interpretation support to non-English speakers, especially refugees.

Deaf people

5.65 Staff from the Royal Association for Deaf People suggested several mitigations to overcome the difficulties deaf people may experiencing in navigating an unfamiliar hospital site and enrich their delivery experience. These were:

- translating communication about travel and how to navigate hospitals and hospital departments into British Sign Language (BSL)
- ensuring BSL interpreters are available during childbirth, and where this is not possible, ensuring there is provision for SignLive
- ensuring that if patients are lipreading, clinicians do not wear masks and are visible in front of patients
- providing alternatives to intercom access, which does not work for deaf people
- QR codes on written communication that direct people to BSL translated information
- deaf awareness courses for staff (clinical teams and reception/administrative staff)

People with learning disabilities and mental health issues

5.66 The following mitigations were suggested for people with learning disabilities and mental health issues:

- providing a specialist in-house perinatal mental health team at all hospitals with a maternity unit to ensure people with mental health issues feel "held from the moment [they] walk into a hospital" (Service Users with Experience of Mental Health Problems)
- offering support with navigating unfamiliar sites to people with learning disabilities and mental health issues, and using provisions like videos, easy read maps and explanatory information, and colour coding on signage
- maternity passports so that people with learning disabilities do not have to keep repeating their stories

Alternatives

5.67 Aside from retaining the status quo, which was suggested in a few groups and interviews, the alternatives proposed were as follows:

- a single specialist hospital that meets all needs (with an additional suggestion that all medical specialties for women should be on site and available to meet the needs of service users with complex conditions)
- retain all units, but make each one smaller to account for a declining birthrate
- retain the five existing maternity units and encourage the transfer of deliveries away from other units to Royal Free Hospital to maintain adequate numbers
- attract people from east London (where maternity units are busy) to give birth in NCL to increase critical mass
- close the maternity unit at North Middlesex University Hospital
- close the Whittington Hospital maternity unit and make improvements to the service at North Middlesex University Hospital, so that women from the Stamford Hill can go there to deliver their babies, freeing up the Homerton to absorb other Whittington Hospital patients
- invest more in staff recruitment and retention initiatives
- invest money identified for estate improvements into raising standards at all five maternity units

The consultation process

5.68 Although only one parent who attended the stay and play session at Kilburn Grange Children's Centre said they had heard of the consultation, several other groups and individuals commented that they were pleased to have been involved in the consultation and were grateful to have been offered the opportunity to give their views.

5.69 However, there was some cynicism among a minority of participants that their views would be fully considered; and representatives of the Orthodox Jewish community made several specific comments about the consultation process:

- that while the Orthodox Jewish community is integrated, it is not assimilated, having its own education, communication, and support networks; as such, some said that communication about the consultation has not reached them as effectively as it might have had Jewish media and advertising outlets been used more extensively, as many residents do not have smartphones and tend not to use the internet or social media[45]
- the community was not informed about the proposals or consulted early enough in the process
- some of the consultation materials were unsuitable for Orthodox Jewish residents (i.e. the imagery used in the posters of babies and their mothers was considered unacceptable)
- the questionnaire was difficult to complete without prior knowledge of the services
- the outcome of the consultation is a 'done deal,' as evidenced by the fact it includes a preferred option that pushes people toward a specific conclusion

[45] It should be noted that the consultation was promoted in local Jewish newspapers and circulars as part of the wider promotional activity undertaken by the ICB programme team. More details can be found in the ICB's consultation methodology, activity and reach report, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

5.70 Post-consultation, participants urged the ICB to maintain dialogue with its communities, so they are aware of any agreed service changes and timescales on an ongoing basis; and reassure residents that any changes it makes are designed to improve quality of care.

> "If we have to change, we need to have a good change" (Umoja African Health Forum)
>
> "The challenges of these proposals are that they may not be liked or even appreciated by people who are directly or even indirectly affected. I think that by easing people into these changes we can consume a lot of the disapproval… for the new system rather than bombarding them with change and information." (Start Well Youth Summit)

Other comments and suggestions

5.71 The need for wider improvements to postnatal support was noted, not least in relation to the hospital environment. Several service users commented on their poor postnatal experience, with one individual with lived experience of perinatal mental ill-health describing their postnatal ward as feeling "like a war zone." Moreover, the Interlink Foundation was concerned that women are often discharged from hospital less than 12 hours following delivery, with little regard given to the physical and emotional support available to them.

5.72 Suggested improvements (mainly made by the women aged 35+) included postnatal family rooms that are set up for women who have just given birth (e.g. with tables and chairs, and beds that are high enough for those that have had a C-section), natural light to support babies with circadian rhythms, facilities to make and store food, showers, and the ability for partners to stay. More widely:

- the Haringey Somali Community Network strongly advocated better support around postnatal depression, with current checks focusing solely on the child's wellbeing, and not taking sufficient account of parental mental health
- the Umoja African Health Forum and the women aged 35+ wanted to see more joined up postnatal services for women who deliver outside their home borough, as it can take more time than usual to arrange appointments for health visiting and access to breast-feeding support

5.73 Orthodox Jewish Community representatives highlighted the importance of Early Pregnancy Units, particularly for people who have experienced fertility issues and those with early pregnancy concerns. These, they felt, seem to have been overlooked within the Start Well consultation proposals.

5.74 The need to improve the compatibility of patient record systems across different hospitals was proposed by the Interlink Foundation, Assunah Women's Group, and the Orthodox Jewish residents in Golders Green. Participants considered it essential that hospitals can 'talk to each other' and offer continuity of care when needed, without requiring service users to repeat their case histories at different sites.

5.75 On a related note, regardless of which option is taken forward, one service user with experience of perinatal mental health services highlighted the importance of communication between hospitals and the impact that this can have on the patient experience.

5.76 Finally, introducing reflective complaints processes that involve parents and health professionals coming together and discussing issues of concern was suggested by the Assunah Women's Group. This, it was felt, would go a long way to addressing the poor treatment experienced by some women earlier in this chapter.

6. Public and community engagement activities

Introduction

6.1 This chapter provides a summary of the feedback received at public and community engagement events organised by the ICB programme team. The events provided an opportunity for attendees to hear about the proposals for maternity and neonatal services in North Central London (NCL) and to ask questions. Attendees were also invited to give feedback verbally, if they chose to, and to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.

6.2 Summary notes of questions and feedback arising were taken and passed to ORS for analysis and reporting. The programme of events and engagement from which verbal feedback was collected are listed in the table below. Details of all engagement activities and other events organised by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report[46]. Examples of questions asked at events (rather than feedback *per se*) can be found in Appendix V of this report.

Table 13: Public and community engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of staff participants/ attendees
08 January 2024	Barnet Patient Participation Group (PPG), Barnet Primary Care Network, Barnet	13
22 January 2024	Camden Patient and Public Engagement Group (CPPEG), Camden GP Practices, Camden	26
23 January 2024	Brent Connects Willesden meeting, Willesden, Brent	37
08 February 2024	Islington Keep Our NHS Public, Islington	11
09 February 2024	Eldon Children's Centre, Edmonton, Enfield	15
19 February 2024	OneStonegrove Community Trust drop-in, Edgware, Barnet	10
20 February 2024	Islington drop-in (open-to-all), Finsbury Park Trust, Finsbury Park, Islington	15
23 February 2024	Camden drop-in (open-to-all), Belsize Community Library, Camden	2
28 February 2024	Haringey drop-in (open-to-all), Tottenham Community Sports Centre, Tottenham, Haringey	6

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

29 February 2024	Barnet drop-in (open-to-all), Watling Community Association, Edgware, Barnet	3

Views on the need for changes to maternity and neonatal services

Recognition of the need for change

6.3 There was broad recognition of the need for change from attendees across the majority of public and community engagement events from which verbal feedback was received. This included acknowledgement of the challenges currently facing maternity and neonatal services due to staff shortages, particularly for midwifery staff.

Concerns around the rationale for change

6.4 At drop-in events in Camden and Haringey, however, a few attendees questioned the rationale and case for change behind the proposals, for example:

- whether the perceived medicalisation of births has contributed to the increase in complex cases and is therefore responsible for the need for change
- how the modelling around birth projections had been carried out
- a mention that Office for National Statistics (ONS) data for Haringey shows a standstill in growth, rather than a decline, which was felt to be at odds with the rationale put forward in the case for change

6.5 A local councillor at the Haringey drop-in mentioned a new building development in the Lee Valley Corridor in the borough, intended to include social housing for families, and asked whether this had been factored into more nuanced borough-specific population and birth rate modelling.

6.6 Similarly, it was asked at another meeting whether the increase in residents as a result of new housing developments and accommodation in Brent Cross, Cricklewood, and Staples Corner had been factored into the development of proposals.

Views on the proposed model of care for maternity and neonatal services

Agreement

6.7 There was an indication of general support for the maternity and neonatal proposals, noted specifically at the Camden PPEG meeting.

Questions and concerns

6.8 Some questions and concerns were raised around the proposed model of care for maternity and neonatal services in NCL. In particular, attendees at some of the events asked for more information, such as:

- whether changes have been made to maternity and neonatal services elsewhere successfully, and whether this could be used as a case study to learn from, particularly in terms of staff retention during change

- similarly, whether closing a successful level 2 neonatal unit (as in Whittington Hospital) is a wise decision, and whether it has been done elsewhere successfully (mentioned by NHS staff members attending the Haringey drop-in session)
- further detail was requested on the interim Integrated Impact Assessment (IIA) and its findings

Disagreement

6.9 There was some disagreement with the proposed changes from attendees across several public community events on the basis that, if the maternity and neonatal services at one hospital were to close, it could cause increased pressure on other local services and hospitals. Concerns included:

- that there may be insufficient capacity for additional births at the four remaining hospitals
- that there would be a reduction in the overall number of cots available for neonatal care, if this was not increased at other sites
- that the size of the unit at Barnet Hospital may not be sufficient to take on more cases, and its capacity might need to be increased if the proposed changes are implemented (mentioned in particular by those attending the Barnet drop-in session)
- that the proposals are potentially 'short-sighted' should something change, and the birthrate increases in the future

6.10 There were also concerns raised by individuals attending the public community events regarding the potential negative impact of the proposals for NHS staff, such as:

- what would happen to those working in services that may close, whether there would be staff cuts, and whether staff would be willing to move to a new site
- the impact on training and development in other areas
- whether the relevant workforce is an ageing group nearing retirement
- other general staffing and recruitment challenges

Views on the proposed locations of maternity and neonatal services

6.11 Attendees at public and community engagement activities were invited to give feedback on two options for the configuration of maternity and neonatal services in NCL hospitals, should the proposed model of care be taken forwards:

> **Option A (the NHS's 'preferred option'):** maternity and neonatal 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:** maternity and neonatal services would be provided at Barnet Hospital, North Middlesex University Hospital, UCLH and Royal Free Hospital (with services no longer provided from Whittington Hospital)

6.12 While there were several reservations regarding both options, option A was the preferred option for most groups/individuals attending the events.

6.13 Across public and community meetings, preference for either option A or B seemed often to be based on whether individuals had experience of using the services at either Whittington Hospital or Royal Free Hospital

respectively. For example, some felt that closing services at Royal Free Hospital would not impact them as they would choose to use services at another hospital (such as St Mary's Hospital, Queen Charlotte's Hospital, or Chelsea and Westminster Hospital) anyway, and vice versa.

Agreement with the proposed location of services (option A)

6.14 There was some feeling that option A makes 'the most sense' as Whittington Hospital already has a level 2 neonatal unit (while Royal Free Hospital does not). It was also raised at several public and community meetings that Whittington Hospital offers a range of other specialty services and care that would be lost if its maternity and neonatal services were to close. This included:

- that Whittington Hospital provides some care that is reportedly not available at the other level 2 units in NCL, such as therapeutic hypothermia or the ability to ventilate babies for up to 48-hours before transfer to a level 3 unit (mentioned by an NHS staff member at a drop-in session)
- that Whittington Hospital delivers high-quality care and sufficient additional support services needed for aftercare, following a neonatal stay
- that the provision of community services at Whittington Hospital ensures good integration in the borough and community, for example local children's centres, a local community care and integration officer, etc
- that Whittington Hospital is well-known for providing female genital mutilation (FGM) services and is therefore a safe environment for many

6.15 Furthermore, it was stated by one attendee at the Barnet drop-in session that Royal Free Hospital "does not have paediatric middle grades or registrars", and so the closure of the Royal Free Hospital maternity and neonatal services would have less of an impact on the rotas for the paediatric service that remains.

6.16 Finally, it was suggested by attendees at the Islington drop-in session that Whittington Hospital is easy to access by public transport.

Concerns about the proposed location of services (option A)

6.17 The main concerns raised around option A were related to the possible implications of maternity and neonatal services at Royal Free Hospital no longer being provided, such as:

- the impact on other services at Royal Free Hospital if option A was implemented; there is said to be a strong link between maternity services and the wider services on site
- the impact on local residents needing to travel further to access maternity and/or neonatal care at another hospital (Brent residents were mentioned in particular by those attending the Brent Connects Willesden meeting)

6.18 It was asked why closing units at Royal Free Hospital is the NHS's preferred option, considering the estate is newer than Whittington Hospital.

Agreement with the proposed location of services (option B)

6.19 The main feedback given in support of option B, keeping maternity services open at Royal Free Hospital, was based on positive personal experiences of services and care at Royal Free Hospital (and, in some cases, negative experiences at Whittington Hospital). Some noted an emotional connection to the Royal Free Hospital site, with one parent saying they would feel 'sad' if services were closed.

Concerns about the proposed location of services (option B)

6.20 Several concerns were raised about the wider impacts of option B, and with maternity and neonatal services no longer being provided at Whittington Hospital, particularly for the service users and staff at Whittington Hospital, for example:

- the potential impacts on patients due to the loss of the community services from Whittington Hospital under option B, particularly the FGM service
- the impact on interdependent services, particularly paediatrics; it was suggested that parents prefer to attend the hospital where their child was born for paediatric services (attendees at the Barnet drop-in session felt that this was particularly the case for Whittington Hospital)
- that paediatric training posts at Whittington Hospital may be less attractive, if the maternity and neonatal service were to close, as there would not be the same case-mix in the services remaining on site, which could result in difficulties recruiting junior doctors and other staff at the hospital

6.21 More general concerns were also raised around the potential impact of option B on the residents of Haringey who, in the south of the borough, live nearest to Whittington Hospital (mentioned at the Camden PPEG meeting).

Views on the proposal to close birthing suites at Edgware Birth Centre

6.22 While there was some discussion around the proposals to close the birthing suites at Edgware Birth Centre in Edgware Community Hospital, verbal feedback at the events was limited.

Agreement with the proposed closure of birthing suites at Edgware Birth Centre

6.23 Where the proposals for Edgware Birth Centre were discussed by attendees, there was some general support for the proposed closure of the birthing suites. It was felt that these proposals were sensible since:

- having the wider support of a hospital environment was perceived as safer if complications were to occur during birth (it was noted that ‘you don’t know if your pregnancy is going to become complex’ at the OneStonegrove Community Trust drop-in in Edgware)
- closure of the birthing suites could help to alleviate staffing pressures across NCL services

Concerns about the proposed closure of birthing suites at Edgware Birth Centre

6.24 However, some attendees (e.g. at the Camden and Haringey drop-in sessions) noted concerns around the proposal to close the birthing suites at Edgware Birth Centre, particularly for those who would no longer be able to have the type of birth they want. It was stated that:

- the birthing suites offer a setting that supports low risk births, and less intervention and medicalisation (it was noted that such services should be preserved rather than closed)
- the birthing suites offer a ‘de-medicalised’ birth option where a home birth is not possible, for example, if there are other young children in the house
- the boundaries for the home birth service are currently viewed to be very tightly drawn on borough boundaries rather than proximity to the unit

Potential impacts of the proposed changes and potential mitigations

6.25 There were some concerns expressed in discussions around potential negative impacts on access to hospital services for those from more deprived areas of the NCL catchment area, including mention that:

- having care closer to home is particularly important in areas of higher deprivation
- both Royal Free Hospital and Whittington Hospital serve highly deprived areas including residents in Harlesden, Willesden, Holloway, and Finsbury Park who may not have access to private transport
- with home births reportedly on the rise, there was discussion (at the Islington Keep Our NHS Public meeting) around the impact if there was an emergency and someone needed to get to hospital very quickly, but did not have access to a car

6.26 Concerns were also raised for other groups:

- pregnant women and people, including questions around what the impact would be for this group, and how imminently any changes may be implemented
- disadvantaged and minoritised women in the local community who may not be aware of the proposed changes (raised at the Islington drop-in session by representatives from Jannaty, a Women's Social Society established to empower women and girls from disadvantaged BAME backgrounds)
- people who are deaf and may struggle to access services (e.g. maternity units often have a buzzer and speaker for entry where you must talk to someone to gain access)

Suggestions for mitigations and alternative approaches

6.27 At several public and community engagement events there were suggestions for mitigation measures to reduce impacts of the proposed changes and to address other challenges accessing services, including:

- communicating clearly how the changes will improve care since, often, the immediate reaction of residents is to assume any changes will impact services negatively
- ensuring local support for postnatal care in Enfield (raised by attendees at the Eldon Children's Centre meeting in Enfield)
- ensuring information about implementation is provided in British Sign Language (BSL) and that there is clear signage and directions in the hospitals

6.28 Several alternative approaches to addressing challenges and improving services were also suggested:

- having different specialisms related to maternity and neonatal services at each NCL hospital; for example, a mental health specialist at one site, an infertility specialist team at another site, etc.
- improving all current units instead, including upgrading the Royal Free Hospital neonatal unit to level 2, in order to deal with the demand in the area
- promoting Edgware Birth Centre and home births and providing sufficient resources to retain choice, rather than closing the birthing suites

Other comments

General questions

6.29 In addition to feedback, some more general questions were asked about the proposals, such as:

- how the ICB plans to improve the quality of services in light of recent Care Quality Commission (CQC) ratings
- how far people are expected to travel for antenatal clinics and check-ups
- how the available space might be used at the hospital site at which maternity services are no longer provided

6.30 There was also some interest in the financial aspect of the proposals and overall revenue costs, and whether any additional funds were going to be allocated in North West London or all spent in North Central London, if either option was implemented.

The consultation process

6.31 It was asked what the primary driver for the changes is, with one person at the Haringey drop-in session suggesting that this needed to be made 'much clearer'. Another participant at the same event felt that the importance of neonates needs to be made clear and prioritised in decision making, stating that one in ten babies born will spend time in neonatal care.

6.32 There was also mention that the costs for taxis were not represented accurately in the consultation documents.

6.33 Finally, some attendees asked about the public engagement and consultation programme, for example:

- whether engagement had been planned at GP mother and baby clinics
- if the views of trainees, particularly midwifery trainees, had been fed into the options appraisal

7. Stakeholder engagement activities

Introduction

7.1 Throughout the consultation, the ICB programme team contacted key stakeholders to inform them about the programme, proposals and options; this included local council and political stakeholders, wider NHS colleagues and health and care partners, professional organisations such as Royal Colleges, and Voluntary, Community and Social Enterprise (VCSE) organisations.

7.2 The ICB programme team also organised, or was invited to attend, briefing sessions and meetings with stakeholders to provide opportunities for participants to ask questions about the proposals for changes to maternity and neonatal services in North Central London (NCL) and to give feedback.

7.3 The questions and feedback reported in this chapter were recorded at the meetings and briefings listed below[47]. Details of all stakeholder engagement activities and other events organised or attended by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report[48]. Examples of questions asked at events (rather than feedback *per se*) can be found in Appendix V of this report.

7.4 It should be noted that some of the feedback received can be considered as 'formative', and a number of organisations and individuals went on to submit final feedback either in writing or via the consultation questionnaire. These formal submissions of feedback are covered in the relevant sections of this report.

Table 14: Stakeholder engagement activities at which verbal feedback was recorded

Date	Event/Activity	Number of participants/ attendees
Local Authority briefings and Health Scrutiny Committee meetings		
10 January 2024	LB Brent Councillors Briefing	26
17 January 2024	Islington Children's Board	15
23 January 2024	LB Camden Health and Adult Social Care Scrutiny Committee	8
25 January 2024	LB Harrow Health and Wellbeing Board	approx. 20
30 January 2024	LB Brent Community and Wellbeing Scrutiny Committee	20
06 February 2024	Camden Start Well and Family Hubs Board	approx. 20
22 February 2024	LB Haringey HOSC: Adult and Health Scrutiny Panel	approx. 20
29 February 2024	Barnet Children's Partnership Board	approx. 20

[47] For formal council committee meetings, minutes recording discussions are typically published online via borough council websites.
[48] Available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

04 March 2024	LB Islington Health and Care Scrutiny Committee	approx. 15
04 March 2024	LB Barnet Adults and Health Overview and Scrutiny Committee	approx. 20
NHS primary care service providers		
25 January 2024	GP Provider Alliance	approx. 15
31 January 2024	Camden GP Engagement session	approx. 30
01 February 2024	UCLH/NCL GP Interface meeting	16
08 February 2024	Brent GP Forum	60+
13 February 2024	Harrow GP Forum	34
Voluntary, Community and Social Enterprise (VCSE) stakeholders and NHS Boards of Governors		
10 January 2024	NCL ICB VCSE Alliance	10
16 January 2024	Enfield Voluntary and Community Stakeholder Reference Group	12
23 January 2024	Community Partnership Forum	13
23 January 2024	Barnet Borough Partnership	24
31 January 2024	Royal Free London Board of Governors	25
07 February 2024	Haringey VCSE Women's Network	11
13 February 2024	UCLH Board of Governors	17
20 February 2024	Barnet Health Champions	8
22 February 2024	GOSH Council of Governors	24
28 February 2024	Haringey Women's Network	18
Other stakeholders		
18 January 2024	Allied Health Professionals Council	18
19 January 2024 - 01 February 2024	4 x meetings with Maternity and Neonatal Voices Partnership (MNVP) chairs	-

Common themes arising around proposals for changes to maternity and neonatal care services

Recognition of challenges

7.5 Existing and potential future NHS staffing issues were raised at several meetings, including general challenges recruiting NHS staff in Enfield, under-resourcing of Allied Health Professions across NCL, e.g. Physiotherapists and Dieticians, and lack of middle-grade doctors at Royal Free Hospital. Issues around staffing of maternity and neonatal services in NCL were also raised by multiple stakeholders.

Potential impacts of proposals on service user choice

7.6 Concerns were raised at several meetings that the proposed model of care would result in a reduction in choice for pregnant women and people about where they give birth; there was concern that this might result in:

- care pathways becoming more fragmented, particularly for those with long term conditions, if they access maternity services at a different site to the rest of their care
- pregnant women and people finding that the unit at which they had booked to give birth, might have closed by the time they need it

7.7 More broadly, concern was raised at several meetings around the capacity of maternity and neonatal units across NCL and whether this would need to be increased in the event of units at one hospital site closing. Questions were also asked around antenatal and postnatal care capacity, including in the community, and how access to early pregnancy units would be retained in NCL.

Common questions and concerns around the location options

7.8 In the consultation, two options for the configuration of maternity and neonatal services in NCL hospitals are being considered, should the proposed model of care be introduced:

> **Option A** (the NHS's 'preferred option'): maternity and neonatal services would be provided at Barnet Hospital, North Mid, UCLH and Whittington Hospital (with services no longer provided from Royal Free Hospital)
>
> **Option B**: maternity and neonatal services would be provided at Barnet Hospital, North Mid, UCLH and Royal Free Hospital (with services no longer provided from Whittington Hospital)

7.9 Before giving their thoughts on the options for the location of maternity and neonatal services in the proposals, some stakeholders asked more general questions:

- whether the capital required to deliver changed services would impact which option could be implemented
- whether the financial modelling for the options included consideration for safe staffing levels, as well as the buildings themselves
- whether new homes being built in Barnet and possible increases in population size had been considered when developing options for the location of services
- whether the impact on home births would be different under either option
- what would happen to the estate on the hospital site that would no longer deliver maternity and neonatal services if the changes were to go ahead; in relation to option A, it was asked what services might be able to fit into Royal Free Hospital if the maternity unit was to close, given increased demand for other NHS services such as cancer care

7.10 Concern about the future of specialist services at Royal Free Hospital (e.g. maternal medicine) was raised, and it was asked whether those services could be recreated at Whittington Hospital if option A were to be taken forward.

7.11 Finally, it was suggested at several meetings that the stated preference for option A may have already led to a reduction in bookings at Royal Free Hospital, and that this might in turn impact the final decisions around

the proposals. Concern was also raised that UCLH could become overcrowded due to increasing demand as a result of closing units at Royal Free Hospital.

Local authority stakeholders' views on proposals for maternity and neonatal care services

LB Brent councillors' briefing and LB Brent Community and Wellbeing Scrutiny Committee

7.12 Brent councillors expressed concern that the proposals for maternity services would reduce options for services available to Brent residents in particular, and that the proposed changes would neither reduce inequality nor deliver personalised care.

7.13 Councillors also raised a number of concerns around option A and asked how the decision-making process might be impacted if borough residents expressed a desire to retain services at Royal Free Hospital. They were concerned that:

- Brent residents could be left without a local maternity unit, and some might be reluctant to use services at Northwick Park Hospital due to perceived concerns around quality of care
- Brent families with babies needing neonatal care might need to travel further on a regular basis to visit newborn children
- support and contingency arrangements would need to be provided to communities detrimentally impacted by the implementation of option A
- there may be impacts on North West London (NWL) providers, i.e. St Mark's and Northwick Park hospitals, including challenges absorbing any additional demand they take on as a result of changes in NCL
- there may be further reductions in maternity and neonatal care provision, should any similar reorganisation of services be replicated in NWL in the foreseeable future
- there may be issues with public transport, particularly in the southern parts of North West London from which residents might have to access hospitals in NCL
- proposals may be cost cutting measures designed to improve efficiency

7.14 Attendees at the Brent councillors' briefing also asked for clarity on how the proposals might improve staff recruitment and retention, and whether there were plans for other local hospitals to improve services.

7.15 LB Brent Community and Wellbeing Scrutiny Committee members asked about the potential impacts, positive and negative, of the proposals on residents in Harlesden and Willesden and whether these impacts have been considered during the consultation.

7.16 A councillor on the Scrutiny Committee raised concerns about the methods used to promote the consultation and expressed disappointment at what they viewed as a lack of engagement with the council during the development of the plans, highlighting that although Brent is a local authority outside of NCL, it is nonetheless impacted by the proposals and therefore should have been involved from the start. They expressed some disappointment around communication of the proposals to the council, adding that they would be encouraging residents in the borough to take part in the consultation.

LB Barnet Adults and Health Overview and Scrutiny Committee

7.17 At the LB Barnet Adults and Health Overview and Scrutiny Committee it was highlighted that papers from the Council's Children and Education Scrutiny Committee predict an increased need for school places. They also predicted an upward trend in birthrates over the next decade, which may be partly attributed to higher than average birthrates among the Barnet Orthodox Jewish community. It was therefore suggested that it might be 'short sighted' to close any maternity and neonatal units in the area.

7.18 In the same meeting, concern was raised that the Start Well consultation document:

- suggests that Royal Free Hospital's neonatal unit is underused but does not say whether the Whittington Hospital unit is particularly well used in comparison
- states that some facilities at Whittington Hospital do not meet modern building standards

7.19 Committee members also raised queries and concerns around:

- the reasons why the needs of pregnant women and people are becoming more complex
- whether more can be done to understand what parents need and want for themselves and what babies need, in terms of continuity of care
- whether new housing developments have been considered in population modelling
- whether there would actually be less capacity at hospitals in Barnet and Camden under the proposal to close units at Royal Free Hospital

7.20 Due to the fact that the NHS's preferred option A has potential for greater impact on Orthodox Jewish communities, Barnet councillors asked whether the care currently provided at Royal Free Hospital which serves the particular cultural and religious needs of the community, could be recreated at Whittington Hospital, should option A be implemented.

LB Camden Health and Adult Social Care Scrutiny Committee

7.21 At the LB Camden Health and Adult Social Care Scrutiny Committee it was asked what impact the proposals might have on babies with complex needs, and how timely access to the right hospitals to get the care they need would be ensured.

7.22 Councillors at the Committee also asked questions around whether:

- there is an option to improve all units without any closures
- the potential impacts, positive and negative, of the proposals on residents in Harlesden and Willesden have been considered during the consultation
- the care current provided at Royal Free Hospital, which serves the particular cultural and religious needs of the local community, could be recreated at Whittington Hospital should option A be implemented

7.23 One LB Camden scrutiny committee member asked how risks were being calculated around the proposed changes and whether travel times and ethnicity (particularly for black women, who they said may have different needs and experiences) were being considered. The councillor felt unconvinced, so far, that the model of care was the right way forward and asked why the finance required for the Start Well programme could not be spent instead on other related services, such as screening and prevention work.

LB Haringey HOSC Adult and Health Scrutiny Panel

7.24 Members of the LB Haringey HOSC Adult and Health Scrutiny Panel were concerned about the current quality of NHS hospital services used by their residents and raised questions about the most recent Care Quality Commission (CQC) ratings at the Whittington Hospital (rated 'Requires Improvement') and North Middlesex Hospital ('Inadequate'). They asked questions related to the CQC inspection reports and subsequent action plans around: understaffing, record keeping, accident investigations, work culture and failures around the duty of candour.

7.25 The Panel recommended going forward with option A. The potential for greater impacts from option B on Haringey residents was raised during discussion, with doubt expressed about adequate capacity for additional births at North Middlesex Hospital.

Islington Children's Board

7.26 Members of the Islington Children's Board raised the following queries and concerns:

- whether the impact on universal services commissioned by Camden and Islington councils (such as therapy and family hubs) had been considered, and how the proposals might link to Sure Start to ensure that services are integrated
- whether the impact assessment had only considered NCL as a whole, rather than considering the differences in needs and opinions between individual boroughs, including Islington
- whether the impact of the proposals on vulnerable communities in NCL had been considered, with specific concerns about the potential impact on black communities (referencing a report by MBRRACE-UK[49], which addresses risks around maternal deaths among Black British, Black African and Black Caribbean women and people)

7.27 Furthermore, one member highlighted the potential for impacts in all NCL boroughs, with a disparity in outcomes and variation in the needs of service users and patients from all ethnic groups.

Camden Start Well and Family Hubs Board

7.28 Camden Start Well and Family Hubs Board described the proposals for maternity care as 'a strong basis for change' and felt that they would strengthen the maternity system in NCL, making units more resilient and better able to provide support during pregnancy and birth. The Board also raised the importance of the programme being one strand of work to support improvement of overall maternal health and, in addition, noted the importance of building evaluation into implementation planning.

7.29 Some queries were also raised, specifically:

- whether consideration had been given, when developing the model of care, to the differential rates of admission of babies at neonatal units in NCL
- what the impact would be on community midwifery, and if services boundaries would change

LB Islington Health and Care Scrutiny Committee

7.30 Councillors at the LB Islington Health and Care Scrutiny Committee meeting expressed a preference for option A due to a desire to retain services at Whittington Hospital, while recognising that NHS staff at Royal

[49] Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Free Hospital would be disappointed if that option were to be implemented. Residents in Islington were described as being concerned that the closure of the maternity unit in Whittington Hospital would have a knock-on impact on other services and departments at the site in years to come.

7.31 Other questions raised at this session were around whether and how the proposals might impact on home births across NCL; the relative financial positions of Royal Free London NHS Foundation Trust and Whittington Health NHS Trust and whether this would influence the outcome of the consultation; usage levels at the Whittington Hospital neonatal unit; and the length of the decision-making process. There was also some concern around digital exclusion and English language proficiency (especially among Bangladeshi and Somali elders) in relation to residents' ability to respond to the consultation.

Primary care stakeholders views on proposals for maternal and neonatal care services

7.32 Participants at meetings with primary care providers raised a number of issues in regard to the proposals for future delivery of maternity and neonatal care in NCL:

- recognition of the need to change, with concerns expressed about current maternity service arrangements
- the potential of the proposals to address challenges around the sustainability of the NHS workforce and differential outcomes for service users, with support at some meetings for having fewer sites for maternity and neonatal care to improve the quality of these services in NCL
- mention of the national shortage of midwives and the importance of ensuring that staff continue to work in NCL, with careful planning and communication being needed around any changes along with support for current midwives to minimise the risk of staff attrition
- questions about implications of changes for:
    - services on the site that may no longer support intrapartum care, e.g. early pregnancy and antenatal care, and neonatal follow up
    - any redirected workload to primary care (e.g. around urinary tract infections)

VCSE organisations and Boards of Governors' views on proposals for maternal and neonatal care services

7.33 At some meetings with VCSE organisations, concerns were raised around the current consistency and quality of care in maternity and neonatal services across NCL:

- the quality of treatment and care was described as highly variable across the five current NCL hospital sites, with some units performing poorly
- the configuration of current neonatal services was described as 'sub-optimal', and having a level 1 unit in NCL (at Royal Free Hospital) does not represent an effective model

7.34 By contrast, at the Royal Free London Board of Governors meetings:

- the safety and high quality of current services at Royal Free Hospital were highlighted
- it was asked why Royal Free Hospital was the NHS's preferred site for closure, given that outflows to other hospitals are higher for option A than in option B, according to the consultation document

- it was noted that action is needed at the site in the long term in response to changing demographics, and that maintaining the status quo is not a viable option

7.35 In relation to the need for change and proposed model of care, a few concerns were raised by UCLH Board of Governors, Enfield Voluntary and Community Stakeholder Reference Group, and the Community Partnership Forum, around:

- whether future potential changes in birthrates have been considered, with questions raised around the modelling for NCL overall and whether birthrates in Enfield are rising
- whether the proposals are driven by financial and staffing considerations, rather than improvements to services or declining birth rates, and are actually cost cutting measures

7.36 Concerns were also raised around the impact of increased travel times and reduced accessibility if proposals to reduce the number of maternity and neonatal units were to go ahead, for example:

- a member of Enfield Voluntary and Community Stakeholder Reference Group suggested that requiring service users to travel further might result in them engaging less with services, with potential risk to their and their babies' wellbeing
- the Barnet Health Champions Group raised broad concerns about the impact of travel times for service users if the proposed changes were to go ahead; specifically, the Group expressed some doubt around the travel time analysis undertaken for the interim IIA, and a view that in practice travel times would be longer for many residents

7.37 Some concern was raised at the Enfield Voluntary and Community Stakeholder Reference Group that the proposed model of care appears to be oriented more to Camden and Islington, where services are already better, than to areas like Enfield that might be more in need of improvement. There was agreement around the importance of focusing on the potential benefits of the Start Well programme in Enfield, and a question was asked around possible investment into services in the borough.

7.38 In the meeting with the GOSH Council of Governors, a question was raised regarding the potential for the proposals to increase the number of neonatal patients cared for at GOSH and whether there would need to be internal recognition that neonatal patients are often cared for on the Paediatric Intensive Care Unit (PICU), not just the Neonatal ICU (NICU).

7.39 The Community Partnership Forum and Barnet Borough Partnership gave positive feedback about the engagement to date and the approach taken, and noted what was described as good accessibility offered by the different mechanisms available for taking part in the consultation.

7.40 One participant from Barnet Borough Partnership suggested that option A could potentially allow integrated pathways through Whittington Health with the local authority, as Whittington Health are the provider of a number of children's community health services in Barnet.

7.41 The Royal Free London Board of Governors asked what would be required in terms of estates to implement option A. At the LB Haringey HOSC Adult and Health Scrutiny Panel the same question was raised; it was asked whether the estate at Whittington Hospital would be modernised, and whether investment would also go to other hospitals.

7.42 At the meeting with Haringey VCSE Women's Network, positive maternity service user experiences were also mentioned, including travelling further to give birth at Royal Free Hospital rather than a closer unit because of its good reputation. It was questioned as to what benefits would be gained from closing the site.

7.43 The Barnet Health Champions Group queried whether it would be possible to amend the proposals to keep units open at both sites.

General concerns around impacts on travel and access to services

7.44 At the UCLH Board of Governors briefing it was suggested that travelling east and west across London is more challenging than travelling north and south; it was asked whether this has been taken into account in developing the proposals.

7.45 Haringey Women's Network stressed the importance of considering residents' journey times to their local hospitals, after expressing concerns about current transport links to hospital sites. The Network also expressed concern over misinformation in the public sphere, and the issue of pregnant women and people not knowing where to go for accurate information regarding pregnancy, health and wider support such as employment rights around maternity leave.

7.46 The Enfield Voluntary and Community Stakeholder Reference Group also stressed the general importance of considering the local population of Enfield and the diversity throughout the area. At another meeting an attendee referenced their own experience as a maternity services user, and statistics around poorer outcomes for Black women and people giving birth compared to their white counterparts. They highlighted the importance of supporting people to get the right care, while a member of UCLH Board of Governors asked whether there is evidence for people of different ethnicities tending to choose different birth settings.

Impacts on people with disabilities and long-term conditions and their carers

7.47 Haringey Women's Network suggested that disabled teams, including disability support teams, should be aware of each other (especially professionals) so those using services would not need to repeat their medical history numerous times.

7.48 A member of the UCLH Board of Governors asked whether any sites had a mother and baby mental health unit in place.

Understanding impacts on specific areas and communities in NCL and North West London

7.49 Enfield Voluntary and Community Stakeholder Reference Group highlighted that Enfield residents face multiple levels of deprivation and struggle to access the services they already have. It was suggested that requiring service users to undertake longer journeys to access services would likely lead to increased stress.

7.50 In this context, the Group also stressed the importance of reflecting on how residents feel they are perceived by those who make decisions that impact their lives. Similarly, Royal Free Hospital's Board of Governors noted there would be an impact on Brent residents, if the changes were implemented, and questioned how the programme is engaging with residents in Brent.

7.51 A UCLH Board member noted that many deprived parts of Islington and Haringey are served by Whittington Hospital and suggested it would be difficult for residents from these areas to travel further to Royal Free Hospital to access care.

7.52 In addition, it was highlighted during the Community Partnership Forum that the Stamford Hill (Tottenham) Jewish community may prefer to use the Homerton Hospital for maternity services, but that the community would need to be engaged with to understand how and where they use maternity services.

Impacts on NHS staff members, staff recruitment and staff retention

7.53 The UCLH Boad of Governors asked about staff views around the proposals and to what extent they are involved in the consultation and decision-making process[50].

Other stakeholders

Maternity and Neonatal Voices Partnership chairs

7.54 While not expressing agreement with the proposals per se, the co-chair of NCL Maternity and Neonatal Voices Partnerships (MNVPs) for Whittington Health did say that they could see the rationale for closing a unit and ensuring the resilience of the remaining four units.

7.55 Overall, however, conversations with MNVP co-chairs were characterised by concerns about the proposals, with particularly strong disagreement with option A (the closure of units at Royal Free Hospital) expressed by the co-chair for Royal Free London. Potential impacts of the proposals such as increased journey times and possible increased pressure on UCLH services were mentioned, as well as a concern that the proposals might be a precursor to future changes in the area such as to children's services.

Allied Health Professionals (AHP) Council

7.56 At the Allied Health Professionals Council meeting it was said that the proposed model of care represents an opportunity to bring fragile services (e.g. neonatal dysphagia[51]) together, with staff working in new and different ways. A fully integrated workforce plan for the future through the Start Well programme could be achievable, it was felt, and one participant commented the council is looking to address upskilling of staff across NCL.

7.57 Members of the Allied Health Professionals Council questioned how many and which AHPs would be impacted by the proposed model of care, and noted there would need to be more detailed analysis on this in the next phase. It was added that previous work by the Neonatal Operational Delivery Network (ODN) on the case for change, which was described as out of date, would need to be refreshed.

7.58 A member of the group also said there would be a need to capture aspects of many employees' jobs as AHPs work across different areas. It was noted that it will be important to establish a baseline and that there are problems with recruitment of AHPs. Finally, the group noted that 'lift and shift' of current workforce could be problematic given the current levels of staffing.

7.59 The following points were also suggested by the group:

- AHP services are linked in combined teams across community and acute services with complicated pathways (e.g. in Camden with pathways from Royal Free Hospital to community services) which could be difficult to disaggregate if one hospital-based service closed
- AHPs might need additional training or professional development to work effectively within the new service frameworks, and it could be useful to hear feedback regarding possible skills and knowledge gaps
- services such postnatal physio need to be considered

[50] Details of extensive staff engagement and analysis of their feedback on the proposals are included in the relevant sections of this report.
[51] A swallowing disorder.

- the proposed changes may represent an opportunity to think about how borough teams and maternity services can work in a more joined up way through integrated neighbourhood teams
- if Occupational Therapists are covering a wider area than the neonatal unit, then measures such as strengthening pathways and reducing waiting times for equipment must be considered
- there could also be impacts on community care services outside NCL, including the pressure and impact on community pathways from babies being discharged from neonatal units.
- the proposals could involve restructuring services across different locations, and AHPs may need to adapt to new work environments, as well as changes to work patterns, commuting times, and work-life balance

Stakeholder views on the proposed closure of birthing suites at Edgware Birth Centre

Local authority stakeholders

7.60 LB Harrow Health and Wellbeing Board questioned why there had been a decrease in the number of pregnant women and people giving birth at Edgware Birth Centre. Members also questioned the transfer rate from Edgware to other units, and asked what would happen to the physical capacity at the site in the event that the birthing suites are closed.

7.61 A councillor from Edgware in the LB Barnet Adults and Health Overview and Scrutiny Committee raised concerns about Edgware residents' awareness of both the consultation and Edgware Birth Centre itself. In addition, another councillor asked how many additional beds in Barnet Hospital there would be, to replace the loss of birthing suites at Edgware Birth Centre, should the proposal go ahead.

7.62 Finally, a councillor in the LB Brent Community and Wellbeing Scrutiny Committee suggested that closing the birthing suites at Edgware Birth Centre would reduce the level of choice that residents of Harrow and Brent have for their birth setting, by removing the only standalone midwife-led unit available to local residents.

Primary care stakeholders

7.63 The Brent GP Forum suggested that closing the birthing suites at Edgware Birth Centre would mean exacerbating health inequalities in the area. The Harrow GP Forum also questioned how the closure of the birthing suites at Edgware Birth Centre might impact Harrow residents, although some participants questioned whether there is a move away from stand-alone birth centres in general.

VCSE organisations and Boards of Governors

7.64 A member from the Community Partnership Group explained they had been sharing information about the consultation, but found that people are less interested at this stage, than at the stage when any changes might actually be implemented. The participant went on to explain that they support the proposals for Edgware Birth Centre, believing closure of its birthing suites to be a sensible decision given its low-level of usage.

7.65 The Barnet Borough Partnership stressed that with regards to Edgware Birth Centre, the Start Well Programme must also consider the impact on Edgware Community Hospital within the context of the other provision on site.

7.66 The Royal Free London Board of Governors asked questions about whether Edgware Birth Centre is used by those living in the area, highlighting that it is considered to be a deprived area of Barnet. It questioned to what extent the local community had been engaged with to ensure they understood the implications of the proposals.

Other stakeholders

Maternity and Neonatal Voices Partnership chairs

7.67 At meetings with MNVP representatives, outright disagreement with the proposals for Edgware Birth Centre was expressed; service users with whom MNVP staff had spoken were described as angry at the proposal to close the birthing suites because of what they viewed as the unique service it provides to the area.

7.68 Potential issues around service user choice were raised, along with questions as to whether the closure of birthing suites at Edgware Birth Centre would reduce access to home births. The level of public awareness of Edgware Birth Centre's services, even among those living close to the centre, was raised.

7.69 Other concerns raised by MNVP co-chairs were:

- that changes may have already occurred to booking patterns at Edgware Birth Centre as a result of the consultation process around the potential closure of the birthing suites
- that Barnet hospital could become overwhelmed if units at both Royal Free Hospital and Edgware Birth Centre were to close
- how staff would be supported if the birthing suites were to close, and whether anybody would lose their employment as a result

Mitigations and alternative approaches

Mitigations and points for consideration

7.70 During the meetings with stakeholders, a few attendees raised points for consideration that they felt might lead to a mitigation of some impacts if the proposed changes were to go ahead:

- put something in place for people who can't afford to travel to appointments because of cost, or who might miss appointments due to high cost of travel
- focus on the wider work that is needed to improve differential outcomes from maternity care
- consider broader issues raised through the Start Well programme that do not need to wait for a service reconfiguration before action might be taken
- acknowledgement that local authorities would be key partners in working through any changes, and that alignment with community services is important
- it is crucial to consider how the North Middlesex University Hospital can recruit, retain and nurture their staff and ensure NCL is a great place to work

Suggestions for alternative approaches to address challenges and improve services

7.71 There were also a few suggestions forthcoming in verbal feedback about possible alternative or additional approaches to addressing current challenges facing maternity and neonatal service in NCL, and to improving the quality of care provision:

- consider the feasibility of having the maternity unit in an area of high deprivation, rather than at Whittington Hospital or Royal Free Hospital
- consider the possibility of having a standalone women's and children's hospital that is accessible for all of NCL
- consider whether additional staff might allow all current units to stay open, and whether the Royal Free Hospital neonatal unit could be upgraded to level 2 without the need to close a unit
- consider a joint NCL/NWL piece of work around maternity improvement across the board in the whole of North London and commit to addressing health inequality issues regardless of hospital service locations

7.72 It was also suggested that there is not enough support around breastfeeding at the moment, with disappointment expressed that the proposals have made no mention of improving upon this issue.

Post-consultation and decision-making timetable

7.73 Councillors at LB Haringey, LB Islington and LB Barnet scrutiny committees raised a number of points and questions, in particular:

- how the consultation outcome report will influence the final decision
- when they would be told once a decision had been made, and how it would impact residents
- concern that the length of time required to make a decision could leave the public and NHS staff 'in limbo' for a long time

8. Independently facilitated research

Introduction

8.1 This chapter provides a summary of the feedback received at an online focus group and several interviews independently convened and facilitated by Opinion Research Services (ORS) to explore the views of residents in several areas particularly likely to be affected by the proposals, as identified in interim Integrated Impacts Assessments undertaken by North Central London (NCL) ICB.

8.2 Informed in part by a 'mid-point' review of consultation responses in February 2024, these independently facilitated activities were in addition to a broader programme of communication and engagement in the same areas, including a targeted mailout to a sample of households[52], and face-to-face engagement activities undertaken by the ICB and covered in other chapters of this report.

Methodology

8.3 To explore views around the proposals for changes to maternity and neonatal services in NCL, an in-depth, online focus group was held with residents of Holloway and Finsbury Park about the maternity and neonatal proposals; a focus group about the maternity and neonatal proposals was also planned with residents of Harlesden and Willesden, but ultimately a flexible approach was adopted to ensure that the engagement was accessible, and ORS conducted five one-to-one interviews in lieu of a facilitated group discussion.

Table 15: Independently facilitated engagement (geographic)

Date	Event/Activity	Number of participants/attendees
March 2024 (various dates)	One-to-one interviews with residents of Harlesden and Willesden, Brent (closest to Royal Free Hospital)	5
13th March 2024	Focus group with residents of Holloway and Finsbury Park, Islington (closest to Whittington Hospital)	6

8.4 The format of the focus group and interviews was broadly the same; the ORS researcher in each case presented key information around the rationale (case for change), proposals and options put forward by the ICB. Opportunity was given to ask questions for clarity, and discussion was facilitated around each aspect of the proposals in turn.

8.5 In these discussions, participants sometimes referred explicitly to their own or others' experiences of services. To ensure anonymity, therefore, themes arising are presented here in summary to avoid any potentially identifying details. Quotes, where included, are used as a representation of consensus views expressed by several individuals, or to highlight contrasting views or specific points raised around some

[52] A summary of the activities undertaken to promote the consultation and engage with stakeholders is provided in the Consultation Overview chapter of this report and in the ICB's methodology, activity and reach report, available via: https://nclhealthandcare.org.uk/get-involved/start-well-2/

aspect of the proposed changes, rather than to suggest that some views are more or less important than others.

8.6 Finally, it should also be noted that two focus groups around proposed children's surgical services were also held with residents of Tottenham and Edmonton, and Cricklewood and Dollis Hill; feedback from these focus groups is covered in a separate report[53].

Views on the need for changes to maternity and neonatal services

8.7 Participants broadly agreed that changes are required to address the stated challenges within maternity and neonatal services in NCL.

8.8 Those who agreed that there is a need for change referenced falling birth rates, unused space at hospitals, and staffing shortages as the main challenges impacting service provision. Furthermore, some participants raised concerns around the current cost of providing services, suggesting that resources could be better allocated and streamlined under the proposed changes.

> "… It does seem relatively straightforward, based on the numbers and the statistics and the data, it makes sense to have a change. I can completely see the reason for it and the rationale for it." (Harlesden and Willesden resident)

8.9 A few participants also shared negative personal experiences of current maternity and neonatal services in NCL to support the issues raised in the case for change, which they felt had been caused by insufficient staff, equipment, and space at NCL's maternity and neonatal units, administrative errors, and having to undertake transfers of care to other sites for higher level care, which carries risk.

> "… They have to align transportation. They have to get ambulances ready on both sides, both hospitals. A spot has to be become available… that's the risk of time transferring a baby during care." (Holloway and Finsbury Park resident)

8.10 Conversely, some positive experiences of current maternity and neonatal care in NCL were shared to counter the challenges raised within the case for change.

> "I've always had a good experience at Whittington. I know every hospital has its challenges, but I was lucky enough to have the same community midwife with all my babies. So that was lovely. I have obstetric history, so I've seen all the departments and I think the service has been really good." (Harlesden and Willesden resident)

8.11 There was also widespread concern, even among those who agreed that changes are needed, that the proposals could exacerbate an already pressurised service and potentially create more problems relating to capacity, staffing, and quality of care.

> "Definitely need to streamline to save resources. But how can you guarantee that it will actually show in providing more, because all that will happen is all the people will go to a certain hospital and then that will become even more oversubscribed." (Holloway and Finsbury Park resident)

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

8.12 In this respect, it was suggested that rather than service reconfiguration, more funding and other resource should be made available for maternity and neonatal services to tackle any deficiencies in staffing numbers and hospital environments.

Views on the proposed model of care for maternity and neonatal services

8.13 Participants were generally less positive about the specific proposed model of care for maternity and neonatal services in NCL than they were about the need for change in principle. Indeed, in considering the model of care, participants predominately focused on what they saw as a loss of services, with fewer comments made about the underlying rationale around the proposal to deliver services from fewer sites, but all of which would have at least level 2 neonatal units with more specialist staff available.

Views in support of the proposed changes

8.14 Some participants did express support for consolidating maternity and neonatal provision and providing services from four sites instead of five in future, mainly in terms of streamlining and increasing the sustainability of services; and giving staff the ability to maintain their skills/competencies and confidence through regular contact with patients. This, it was said, would increase the safety of clinical practice and patient outcomes. However, it was strongly suggested that any changes should be monitored and amended in future if required.

> "I do agree with the consultation, and I think it makes sense to shut one hospital to streamline resources..." (Holloway and Finsbury Park resident)
>
> "It's not like you're shutting down the only hospital in the entire area. There are other alternatives close by. They're going to be moving staff to one central place so you have more capacity and if you have a lot more experience they could gain from that. It absolutely would make sense." (Harlesden and Willesden resident)

Concerns and disagreement around the proposed changes

8.15 The main concern raised was around the capacity of remaining maternity and neonatal units in NCL if any of the current ones were to close. It was said that all hospitals are already oversubscribed and could be under more strain without additional staff, resource, and space.

> "How can [the proposal] ensure, that by closing the services, the other services won't be bombarded. Because they will. People will go to the Royal Free or Homerton maybe but it's just going to be the same issue, it's just spreading things and making it busier elsewhere." (Holloway and Finsbury Park resident)

8.16 The proposed model of care was also said to focus too much on closures and changes to service locations, and not enough on additional investment to improve current provision. Indeed, potential increases in demand as a result of population increases, coupled with decreasing capacity at remaining units, led participants to question the proposals and their ability to address care needs.

> "... Rather than just cutting down something today in one locality, the geographic population might change in next five years' time and then are you going to have to reinvest again? So, you need to have the future in sight." (Holloway and Finsbury Park resident)

8.17 Furthermore, some participants felt that the proposals are misjudged in that, by focusing on falling birth rates, they fail to address the increased need for more complex pre and postnatal care (i.e. due to diabetes/obesity in pregnancy).

> "It doesn't make any sense because they are not investing in what is increasing. What is increasing is people with problems before babies being born … They've identified a problem, but nothing is being done about it. They're just saying, "Okay there's less babies, let's close the units", when the fact is there's less babies, but these babies and their mothers require more care." (Holloway and Finsbury Park resident)

8.18 Participants also raised the prospect of travel implications for people who may have to travel further to access services within the proposed model of care.

> "… One area will have a slightly longer journey by definition… it might be that people in that catchment are disadvantaged geographically because it's now further to go" (Harlesden and Willesden resident)

8.19 Increased distance to travel, infrequent and reduced direct public transport services to hospitals, traffic congestion, and cost were all issues in this respect. Moreover, one person highlighted the issue of parking availability at remaining sites, suggesting that with more people using them, there will be less space to park.

Views on the proposed locations of maternity and neonatal services

Rejection of both options

8.20 Several participants felt unable to choose between options A (retention of services at Whittington Hospital and closure of those at Royal Free Hospital) and B (retention of services at Royal Free Hospital and closure of those at Whittington Hospital) as they fundamentally disagreed with the proposal to consolidate maternity services at four hospitals, considering it unlikely to solve current challenges.

Option A - retaining services at Whittington Hospital, with the closure of units at Royal Free Hospital

8.21 Among those who did state a preference, most participants supported the NHS's preferred option A (retaining services at Whittington hospital, and no longer providing them at Royal Free Hospital). They felt this option would make better use of resources and ensure a good geographic spread of services; and that Whittington Hospital is central within the area, with good public transport links.

> "… I think it's probably a better use of resources… The choice of hospitals makes more sense I think for geographic spread." (Holloway and Finsbury Park resident)
>
> "Keeping the Whittington option would be more beneficial, because there is still some capacity in North West London… I think the Whittington is probably a bit more central." (Harlesden and Willesden resident)

8.22 There was also a view that option A would place less strain on already pressurised resources as fewer staff would need to move site, and that patients would be able to flow into hospitals in North West London with capacity (due to falling birth rates in the area).

> "So, with Option A, it feels like they'll be utilising facilities that aren't currently being fully utilised. Whereas with option B, it feels like they're adding to facilities that are already stretched. Yeah, so it doesn't make sense why option B would be preferred over Option A." (Harlesden & Willesden resident)

8.23 Furthermore, it was said that there are several alternative options for those in the areas closest to Royal Free Hospital (e.g. UCLH, St Mary's Hospital and Barnet Hospital), and that the population in those areas is more affluent than that around the Whittington, and thus less impacted by the proposed change.

> "I think the kind of population that would… be closer to the Royal Free, can probably afford to go to other hospitals a bit further out in the northwest, in terms of time and cost… to seek those services there..." (Harlesden & Willesden resident)

8.24 It should also be noted that a few participants who lived closest to Royal Free Hospital nonetheless said they would prefer to receive maternity and neonatal care at Whittington Hospital, as they were of the view that it offers better quality of care.

Option B - retaining services at Royal Free Hospital, with closure of units at Whittington Hospital

8.25 Participants who favoured option B tended to be among those living closer to Royal Free Hospital. Some said that the hospital is sited within a growth area (as per the London Plan[54]), and so the retention of services there would be vital to account for future demand. Some other participants said that Royal Free Hospital has a 'more positive reputation' in the area, compared to other hospitals. Indeed, some of the support for option B was based on perceptions of poor care at Whittington Hospital, although it was recognised that these perceptions are based on anecdotal evidence rather than direct experience.

8.26 Participants challenged the evidence around falling birth rates while expressing their support for option B, with some highlighting the growing population locally (especially among the Orthodox Jewish community) as a key reason to keep services at Royal Free Hospital.

Views on the proposed closure of birthing suites at Edgware Birth Centre

8.27 There was widespread agreement that changes should be made to respond to the stated challenges at the midwife-led birth unit in Edgware Community Hospital. As such, most participants supported the proposed closure of the birthing suites there. Participants cited the low number of births as the basis for their support, while suggesting that any closure should be accompanied by service enhancements elsewhere, facilitated by transferring experienced staff to other units where they can also better maintain their skills and competencies.

> "It will make it more efficient overall, and [midwives and nurses] get to improve their skills and experience. So, it makes sense to have it consolidated in one area where you can maximise the output and the efficiency." (Harlesden and Willesden resident)

[54] See: https://www.london.gov.uk/programmes-strategies/planning/london-plan/new-london-plan/london-plan-2021

> "… I definitely agree that there is need to streamline services, especially when centres are having less than 50 births… They're losing money. Why would you keep a centre open with one birth a week? It's so inefficient." (Holloway and Finsbury Park resident)

8.28 There was some concern, however, around potential pressure on neighbouring hospitals that might see an increase in the number of service users giving birth; and a few participants highlighted increasing developments and growing populations in the Edgware and Colindale areas, which they felt may result in greater demand for the service in future.

> "Would these other hospitals then have more than they could handle? Because what happens if the other [hospitals] are already operating at capacity and then all these people, and all these babies are transferred to these hospitals." (Holloway and Finsbury Park resident)

Equality and health inequalities impacts

Concerns around impacts on travel and access to services

8.29 Although participants were invited to give feedback around any specific impacts that might arise from the proposed changes, particularly for individuals with protected characteristics or who might otherwise be vulnerable to changes to services, the majority of the feedback focused on somewhat more general concerns around travel and access to services.

8.30 Travel and general accessibility were seen as potentially problematic for pregnant women and people and parents with sick babies, particularly if it became necessary to move between sites; concern was also expressed around continuity for patients whose care is transferred to a different site as a result of the proposal.

> "I'm not going to agree because I think it's not realistic to say Option A or B, I think the issue is neither Option A or B are good choices." (Holloway and Finsbury Park resident)

Specific groups that might be impacted by changes

8.31 When asked to identify any specific groups that might be more or most impacted, respondents mentioned lower income groups and minority ethnic communities (particularly those for whom English is a second language), whom they felt might find it more challenging to reach more distant hospitals.

> "Who's the most affected? Women… maybe from an ethnic minority, or [low socio-economic] background… It then affects your ability to even get to the hospital. Because if you shut [units at] Whittington or Royal Free [hospitals], the nearest other hospitals are quite far." (Holloway and Finsbury Park resident)

8.32 People with physical disabilities or mental health difficulties, as well as neurodiverse people, were also identified as potentially being especially disadvantaged by the proposed changes.

> "So, it affects people that might have physical disabilities... There might also be people that have mental health issues that could be affected or with additional needs where they struggle with change." (Holloway and Finsbury Park resident)

Familiarity with community and hospital-based care and support

8.33 While there were no specific mitigations suggested to reduce possible impacts of the proposals, a few focus group and interview participants did touch on issues that they felt should be considered as part of future delivery of maternity and neonatal services in NCL:

- that it be ensured that community support is not lost with the closure of any hospital units under maternity and neonatal proposals (e.g. community midwife support and community hubs)
- that consideration be given to people who have developed a personal relationship with current staff and services (e.g. people who have given birth and received post-natal care at a particular location)

A note on research independently facilitated by Verve

8.34 In addition to the research undertaken by ORS (as reported above), Verve Communications (Verve) was commissioned to undertake independently facilitated engagement with potential maternity services users from four specific inclusion health:

- refugees and people seeking asylum (10 participants)
- people who were homeless (five participants)
- LGBTQI+ people, including Trans men (seven participants)
- Gypsy, Roma and Traveller people (20 participants).

8.35 The aim of the engagement was to hear the experiences and opinions of groups who were identified through the interim integrated impact assessment as being less likely to engage with the consultation through the other mechanisms such as the survey and open meetings.

8.36 A full report of these sessions (prepared by Verve Communications) is included in Appendix VI of this report. The key overarching themes reported by Verve were:

- language barriers:
  - people whose first language is not English found difficulties in accessing and using services
  - Roma women said that finding information in Bulgarian, their first language, was very difficult and there were few, if any, health professionals or receptionists who could communicate with them in Bulgarian
  - people seeking asylum and refugees reported that there were not always translators available to them; both groups relied on CVS organisations for help; Roma women said that they also talked to friends and family for advice and information
  - language barriers caused people to be concerned about whether health professionals understood them, and whether they were properly understanding what health professionals said to them
- accessing services:

- people seeking asylum, people who were homeless and Roma people all reported having difficulty understanding how services worked
- those who were homeless and Roma people also said that they had difficulties registering with GPs, even with the help of CVS organisations
- homeless people said that communications were often lost – if they had been moved from one temporary accommodation to another or if their phones were lost or stolen – potentially resulting in missed appointments
- using digital services and having telephone appointments were difficult for people whose first language was not English, and people without phone credit or data could not afford to access online services or wait in phone queues.

» fear of social services:
- people who were homeless feared their children would be removed by social services and those seeking asylum and refugees said that Muslim parents were often suspected of FGM, and both types of participant reported being anxious and fearing social services.

» understanding people's needs:
- homeless people said that service providers, including maternity services, seemed not to understand their sometimes-complex needs and potential vulnerabilities, for example, how to deal with addictions or mental health needs.
- LGBTQI+ people said that their preferences and needs were often overlooked, for example the use of their preferred pronouns, misgendering and having to give their life story to each new person they met.
- all LGBTQI+ participants reported that healthcare service providers had made assumptions about them, their pregnancies and their relationships; trans men said that they were often the first pregnant trans man a midwifery team had met – and they worked with the team to educate them on their needs; however, trans men's wider experiences, for example, with maternity receptionists, often resulted in misgendering or misunderstanding; to a degree this was because hospital systems could not register more than the sex of a birthing parent

9. Written submissions

Written responses from members of the public, staff, and stakeholders

Introduction

9.1 During the consultation process, 80 formal written submissions were received as below[55].

Table 16: Summary of submissions received

NHS AND HEALTHCARE ORGANISATIONS
Evelina London Women's and Children's Clinical Group, Guy's and St Thomas' NHS Foundation Trust
London Neonatal Group
Royal College of Midwives
Whittington Health NHS Trust
NHS AND HEALTHCARE TEAMS
Allied Health Professionals (AHPs), Whittington Health NHS Trust*
Community midwives at Edgware Birth Centre
Department of HIV Medicine, Royal Free London NHS Foundation Trust*
Haemophilia Centre & Thrombosis Unit, Royal Free Hospital
Islington CAMHS: Parent and Baby Psychology Service*
Multidisciplinary team (MDT) consultants and specialist midwives at Royal Free London NHS Foundation Trust
Neonatal and paediatric consultants, Whittington Health NHS Trust
Psychological therapies staff, Royal Free Hospital
Royal Free Hospital maternity unit*
Whittington Health: Universal Health Services for Islington*
LOCAL AUTHORITIES
Barnet Council (Barnet Adults & Health Overview and Scrutiny Sub-Committee)
Brent Council
Camden Council
Haringey Council
Haringey Council Health and Wellbeing Board
Islington Council*
Islington Council, Children's Services*

[55] Those with a star (*) next to them in the table were received via the questionnaire but are included as submissions due to the level of detail they contained, or because they presented unique or distinctive arguments.

POLITICAL PARTIES AND ELECTED REPRESENTATIVES
Hampstead and Highgate Constituency Labour Party
Islington Labour
Bambos Charalambous MP
Catherine West MP
Councillor, London Borough of Islington*
Councillor, London Borough of Islington – Finsbury Park ward*
David Pinto-Duschinsky MP (prospective parliamentary candidate at time of consultation, elected July 2024)
Jeremy Corbyn MP
Joanna McCartney AM
Krupesh Hirani AM
Leader of Brent Council and other elected members
Sarah Sackman MP (prospective parliamentary candidate at time of consultation, elected July 2024)
Tulip Siddiq MP
OTHER OFFICIALS, ORGANISATIONS, AND COMMUNITY GROUPS
Ex-chair of Maternity and Neonatal Voices Partnership, Royal Free London NHS Hospital Trust + submission in support from current chair and co-chairs
Healthwatch Islington and Islington Somali Community
Manor Gardens Welfare Trust (MGWT)
Maternity and Neonatal Voices Partnership, Royal Free London NHS Foundation Trust
Jewish Chaplain, Chaplaincy-Spiritual Care, Royal Free London NHS Foundation Trust
Red Cell Network Haemoglobinopathy Coordinating Centre*
INDIVIDUAL SUBMISSIONS
Seven submissions from NCL staff members and former staff members
32 submissions from service users/members of the public

9.2 ORS has read all the written submissions and reported them in this chapter. Individual responses have been reviewed in a thematic, summary format to identify the range of views and issues as well as common themes. Others that have presented unique or distinctive arguments, that refer to different evidence, or were submitted on behalf of organisations and individuals representing groups of people, have been summarised individually for accessibility and to highlight their main arguments and any alternative proposals.

It is important to note that the following section is a report of the views expressed by submission contributors. In some cases, views may not always be fully supported by the available evidence - and while ORS has not sought to highlight or correct incorrect statements or assumptions, this possibility should be borne in mind when considering the submissions.

Summary tables of themes from shorter written submissions

9.3 The main themes emerging from the shorter written responses received (mainly from individual respondents but also from a few organisations) are outlined in the summary tables below.

Views on the proposed model of care

Support for the proposed model of care

9.4 Although most submissions expressed either their concerns about or suggestions for part or all of the proposed model of care, some wrote to express support for it. These are summarised below.

9.5 The need for change was recognised by some NCL employees, who said that staff shortages across sites are currently resulting in inefficiency and safety issues within maternity and neonatal services. There was support for the aim of reducing the separation of parents and babies as a result of transfers of care; and it was said that the proposals have the potential to provide positive opportunities (as well as some challenges) to improve service provision.

Table 17: Support for proposed model of care

Sub-Theme	Example Comments
Impact of staff shortages on service efficiency and quality	"… It has long been clear to doctors that trying to deliver high class services in several geographically close locations, especially in times of staff shortages, is inefficient, potentially unsafe, and does not make sense." (Former staff member, NCL)
Potential opportunities (and challenges) to improve service provision	"The implementation of service developments related to Start Well have the potential to provide both opportunities and challenges for the provision of a range of existing and future healthcare (and medical) education programmes." (Staff member, Royal Free Hospital)
Potential to reduce transfers	"Good idea to have the neonatal care units alongside the maternity service to prevent babies being transferred and avoids babies and parents being separated." (Islington CAMHS – Parent and Baby Psychology service)

Concerns about the proposed model of care

9.6 Some general concerns expressed around the proposed model of care centred around the potential impact of closing units on other sites, particularly given that some current services appear to be operating at or near capacity. There was concern that any reductions would exacerbate the pressure on those services that remain. It was also suggested that maternity services are a core element of NHS provision and are less suited to a more centralised model of care than other, more highly specialised services.

9.7 There was also some rejection of the ICB's case for change - and by implication, the proposed model of care - on the basis that the birth rate could increase in future (if, for example, there is a reduction in the cost of living). The proposals were therefore considered somewhat 'short-sighted'. In addition, one staff member suggested that while the birth rate might have dropped somewhat, workloads have not due to the increased complexity of caseloads, including Caesarean sections.

9.8 Additionally, there was some doubt that the proposed model of care would address the issues identified in the case for change, particularly the staffing issues within midwifery, which were attributed to wider national

trends and pay issues. It was even suggested that the proposed model of care could have a negative impact if staff preferred to leave rather than be redeployed elsewhere in the area.

9.9 Other criticisms around the proposed model of care were around reductions in patient choice. There was also some sense that the proposals have been too driven by birth statistics for the various sites, while failing to take a more rounded or 'qualitative' view of the services provided.

9.10 It was also requested that the impact of the changes on education and training is considered at every stage, particularly in terms of the possible effects on the NHS Long-term Workforce Plan, and that this information is shared with educational providers. Staff retention and burnout was said to be a likely result of the proposals as staff are moved to new, busier sites.

Table 18: Concerns around the case for change and proposed model of care

Sub-Theme	Example Comments
Sites already at capacity / having services at fewer sites will exacerbate pressures on remaining hospitals	"…How will places like Barnet Hospital handle this? They can just about cope since Chase Farm Hospital closed… Places like North Mid Hospital are already under fire for their awful maternity services…" (Member of the public) "…Where will thousands of women go? Are they expected to travel an hour away in active labour just to be turned away as there won't be enough beds? Have you considered the impact on surrounding hospitals and their thousands of patients? …" (Member of the public) "Both times [I gave birth] I checked in to the triage ward for a scheduled induction, only to have to wait TWO DAYS… before a bed became free in the labour ward. I understand what you say about falling birth rates in the area and thus, lessening demand. But how can it be that fewer beds/places are needed when I had this same experience twice, two years apart?..." (Member of the public)
The birth rate in NCL may return to previous levels over time	"… Your document notes falling birth rates in the area, but across a short timeframe. Given the increasing cost of living and other issues faced in this country in recent years, the dip in birth rate is hardly surprising. However, this could well reverse, so closing maternity units entirely appears horribly short-sighted…" (Member of the public) "… If there is any issue with a 'falling birth rate' in Hampstead, Archway or Burnt Oak, it is because of rising house prices - plenty of people travel from afar to access these hospitals and services, so I see the 'falling birth rate' as a poor and simplistic reason for these proposals..." (Member of the public) "… The current low level… is also occurring at the same time as a major cost of living crisis, during which people either reduce their

Sub-Theme	Example Comments
	family size or defer decisions to have a family. As NCL is in one of the more buoyant parts of our economic geography it seems likely that its number of births will rebound more quickly than elsewhere….” (Member of the public)
Maternity is a core service that is difficult to centralise	“… Pregnancy is something that will be an ongoing care issue for hospitals. People will always be having babies - if anything, the NHS should be investing in and upgrading these services rather than closing them!…” (Member of the public) “… I can understand the advantages of concentrating highly specialised procedures on a small number of sites, but that hardly applies to maternity services…” (Member of the public)
Will not address the current issues with staffing etc.	“…Your assumption is that a capital spend of about £40m across the four sites and redeployment of specialist staff, particularly midwives, will contribute to solving the problem. We believe that unless the strategic issues which are causing large numbers of midwives to leave the service are solved, it is unlikely that you will be able to solve the staffing problems by redeployment…” (Member of the public) “…It is a myth to assume that closing such a unit [i.e. birth suites at Edgware Birth Centre] will help with staffing - more likely midwives who want to work in such settings will decide to leave the profession…” (Member of the public)
Too much emphasis placed on numbers of births	“… These proposed changes feel very quantity based. I believe there is long term value in the qualitative that is not being taken into account in these proposed changes. It is not just about how many babies are born in each setting…” (Member of the public)
Patient choice reduced under the proposed model of care	“… Choice of maternity care should be an absolute right for women and not restricted…” (Member of the public) “… Place of birth options should be maintained/increased – not reduced…” (Member of the public)
Potential impact of the changes on education and training should be considered at every stage	“We would request that the impact of service changes on education and training is considered at each stage and that this includes consideration of any possible effects on the NHS LTWP. Specifically, we would request that educational providers and stakeholders (including UCL Medical School) are kept in the picture at each point where service configuration may potentially affect clinical placements for healthcare students.” (Staff member, NCL)

Sub-Theme	Example Comments
Potential for staff retention and burnout	"…We need to think about staffing and burn out of current staff in Whittington [Hospital]. We worry about pressures on staff, would redeployed staff from Royal Free [Hospital] definitely be retained in new settings and or want to be?" (Islington CAMHS - Parent and Baby Psychology service)

9.11 The main alternatives proposed by those expressing concern about the model of care were around investing in services and better recognising the contribution of staff.

> "The solution is to invest in women's health and improving midwife care, to keep midwives in their jobs, to counter the current shortage which is what is really driving this." (Member of the public)

9.12 One detailed comment noted the uneven use of neonatal units across NCL and requested more information to better understand the potential costs of upgrading Royal Free Hospital to a level 2 neonatal unit (alongside the other neonatal units). It was also suggested that changes to entry criteria might allow workloads in neonatology to be spread more evenly and that restoring training recognition to the paediatric department at Royal Free Hospital might help address some of the identified staffing issues.

> "The process appears to be driven by the fact that the Royal Free Hampstead is the only site with a level 1 neonatal unit, which has relatively low usage... This is partly due to strict entry criteria. Meanwhile, UCLH is evidently overloaded. Surely it would be better if the workload could be more evenly spread. I note the staffing issues and that the Royal Free is dependent on additional consultant staff to maintain the appropriate level of expertise. I presume this arises from the withdrawal some time ago of recognition of the Royal Free unit for paediatric training, resulting in the lack of intermediate level junior staff. It would be useful to have some estimates of the costs of the additional consultant sessions and how they compare with the £40 million needed if either the Royal Free or Whittington units were to be closed… It would also be useful to know the cost of upgrading the Royal Free unit to level 2, with some estimates of the workload if admission criteria were relaxed appropriately, without at the same time closing the Whittington. It would also be useful to know if any attempts are being made to regain training recognition for the Royal Free paediatric department." (Unknown)

Views on the possible options for maternity and neonatal services

Support for option A (maintaining maternity and neonatal services at Whittington Hospital)

9.13 Those making comments supportive of maintaining maternity and neonatal services at Whittington Hospital tended to emphasise the quality of its services, staff, and facilities – often based on personal experiences of giving birth there.

9.14 It was also said that it would be more difficult for neighbouring units to absorb Whittington Hospital's workload because of the level of neonatal care it provides, whereas work from Royal Free Hospital's level 1 neonatal unit could be more easily dealt with elsewhere.

9.15 Some suggested that it is important to maintain services at Whittington Hospital to maintain good accessibility, particularly for Islington residents who might struggle to access services at alternative sites.

Table 19: Comments in support of maintaining services at Whittington Hospital

Sub-Theme	Example Comments
Good quality of care provided at Whittington Hospital	"…The synergy between various staff is something that is lacking at other hospitals in the area (sadly), and whilst the staff from the Whittington will no doubt go on to do excellent things at other hospitals, this group dynamic will be lost…" (Member of the public) "…I had a baby at the Whittington and I had an amazing experience compared to my friends who gave birth in UCLH. Most of them decided to have their second baby at the Whittington because despite being small hospital, they provide excellent care..." (Member of the public) "…Whilst I was there I received wonderful, patient centred care. I felt listened and well cared for throughout my admission. I had the same midwife throughout, and a named consultant…" (Member of the public)
Good/better buildings and facilities at Whittington Hospital	"…The ward [at Royal Free Hospital] was dirty and emergency cords were broken. I was expected to walk down the corridor to collect my meals, despite having just had a C-section… I also think there is something to be said for the fact that the Whittington has a whole building dedicated to maternity services, including a dedicated entrance, whilst at the Royal Free I had to wait for a lift…" (Member of the public) "…Why would you consider closing the maternity services at a hospital where you have not only a labour ward, a surgery, a midwife led ward, a neonatal ward, an emergency women's health triage, the Semple Ward AND an absolutely wonderful foetal medicine unit all in the same part of a hospital? Literally grouped together to enable women to receive good care...." (Member of the public)
Other sites are less accessible	"… UCL is in the congestion zone if an urgent visit is needed. It is impossible to park if the person needs to be accompanied. Royal Free is a much longer journey for people in Islington and using public transport it is uphill for people with disabilities attending maternity…" (Member of the public)
Absorption of neonatal workloads	"The Integrated Care Board (ICB) have stated that closing the services at Royal Free Hospital is do-able as nearby hospitals will be able to absorb the workload. By contrast, if the Whittington

Sub-Theme	Example Comments
	services were the ones to close, the large numbers of women and the significant number of babies requiring neonatal intensive care could not be accommodated in nearby hospitals which are already stretched. Moving all (or most of) the women, babies and staff from the Whittington to Royal Free Hospital would be an almost impossible challenge and would place women and babies at risk of harm." (Former consultant paediatrician and neonatologist in NCL)

Support for option B (maintaining maternity and neonatal services at Royal Free Hospital)

9.16 Much like the submissions provided by those favouring Whittington Hospital, individuals supporting the retention of services at Royal Free Hospital offered positive experiences of the quality of care provided there.

9.17 There was additional emphasis on the range of specialist services offered at Royal Free Hospital, which were said to be critically important in supporting women with complex medical conditions (Haemophilia for example) to give birth safely. One staff member suggested that as many of these specialist services are offered in conjunction with obstetrics, losing the neonatal and maternity units at Royal Free Hospital could have a destabilising effect there.

9.18 A couple of individuals, or relatives of individuals, with complex conditions recalled the support they had received from specialists in other departments during pregnancy and birth. These respondents suggested that they owed their or their loved ones' lives to the care provided at the hospital and were very concerned about the potential closure of its maternity services.

9.19 Additionally, Royal Free Hospital was said to be ideally located, due to being well-served by public transport routes and having good proximity to food and recreation options; and to serve a deprived population.

Table 20: Comments in support of maintaining services at Royal Free Hospital

Sub-Theme	Example Comments
Good quality of care provided at Royal Free Hospital	"… It would be a sorry loss for Royal Free Hospital and the diverse community it serves if there are reductions to maternity and associated services…"(Member of the public) "… I would like to note that I had a very positive experience at the Free for my scans, check-ups and the birth. The staff were excellent and they provided good care…" (Member of the public) "… I cannot express my full and complete gratitude to everyone involved in my overall care and pregnancy. The fact that I have remained well and the baby has arrived in good health has ONLY been possible because of the care I have received at the Royal Free…" (Member of the public)

Sub-Theme	Example Comments
Importance of co-locating maternity services with other specialisms at Royal Free Hospital	"… My fiancé has complex medical needs, and I am a new parent – both roles made possible by the exceptional care we received at the Royal Free. Without their expertise, I might not be holding my healthy baby today. The thought that others could be denied this life-changing care due to the unit's closure fills me with dread…" (Member of the public) "… Royal Free is a teaching hospital and it's got so many specialist units and departments here, that surely closing something so crucial as the maternity services impacts on haematology patients, cardiology patients, renal and transplant patients etc too. Surely, one doesn't need that much common sense to realise that the closure of the maternity services would be devastating and IF a maternity service does need to close, close it at a hospital that doesn't have so many specialist departments…" (Member of the public) "When a baby is known to be at risk of a bleeding disorder (for example severe haemophilia), the pregnancy should be managed by a Haemophilia Comprehensive Care Centre (CCC)... At the moment, the families these conditions affect within North Central London, are mostly managed at Royal Free Hospital where there is an expertise in both the bleeding disorders and the obstetric management of them. Neither UCLH nor the Whittington are CCC's for Haemophilia… If the obstetric service at the Royal Free is closed, it is vital that this group of patients and mothers be managed at UCLH, as the Whittington has neither the haematological nor obstetric expertise to manage this patient group safely… (Staff member, NCL) "Women who receive specialist haematology care at Royal Free Hospital in their childbearing years benefit from maternity care at the RFH when they become pregnant as this is where their haematological condition is managed and understood. So, the RFH needs maternity on site to properly care for these women... The same can be said of women with neurological conditions, infectious diseases, connective tissue disorders etc… When dealing with surgical and maternity emergencies the RFH has a huge experience and infrastructure designed to manage the most extreme conditions. There are transferrable skills (e.g. management of massive haemorrhage associated with liver, HPB and vascular surgery) and specialist departments (e.g. interventional radiology) on site that are found in few other places. This is why it is commonplace for pregnant women at risk

Sub-Theme	Example Comments
	of, for example, massive obstetric haemorrhage, to be transferred to the RFH site for delivery." (Staff member, NCL)
Royal Free Hospital is accessible and well-located	"… As a non-driver, the fact I could attend the Free independently, via public transport within 30-40 minutes, was critical to my peace of mind throughout pregnancy. The Royal Free Hospital is located near multiple tube/overground and bus stops which makes it accessible to Londoners…" (Member of the public) "… Royal Free Hospital serves a dense population area and is very well served by public transport with the minimum of walking to the hospital. These points are essential for pregnant and newly birthed mothers. The area is well served for food outlets and the Heath has many opportunities for relaxation and play for older children making visits for the mother and her older children pleasurable…" (Member of the public)

Views on the proposal to close the birthing suites at Edgware Birth Centre

9.20 Submissions opposing the closure of the birthing suites at Edgware Birth Centre tended to focus on the quality of services provided there and the benefits associated with standalone midwife-led units. Some highlighted the friendliness of the midwives at the Centre and the less clinical and more 'home-from-home' environment compared to other NCL maternity sites. Others referred to the cost-effectiveness of, and better outcomes associated with, standalone midwife-led units (for low-risk pregnancies), with lower rates of interventions such as caesareans and assisted births. Indeed, one submission suggested that the proposed closure would potentially conflict with NICE guidelines in this respect.

9.21 It was claimed that closing the only standalone midwife-led unit in NCL would represent an unacceptable reduction in patient choice, particularly given that many women may not want or be able to have a home birth. Concern was also expressed about losing midwife-led continuity of care, and the potential cumulative impact of closing both Edgware Birth Centre's birthing suites and the maternity unit at Royal Free Hospital (as per the NHS's preferred option A).

9.22 It was also suggested that midwifery staff would likely have lower job satisfaction levels if made to move to obstetric-led units and might therefore be more likely to leave the service.

9.23 One staff member wrote a lengthy submission in opposition to the proposed closure of Edgware Birth Centre's birthing suites, highlighting the Centre's recent good' rating from the Care Quality Commission; and a recent Quality Improvement process implemented by team which is said to have had positive results, including an increase in bookings due to changes in the maternity self-referral process. The staff member also disputed the assertion that the birthing suites have been unused, as the rooms have always been dual purpose (they are used as clinic spaces when needed and available); and said that the Centre's staffing is "incredibly efficient," with each midwife 'On-Call' for a 12-hour period (in addition to their day time workload), covering intrapartum care at the centre or home birth call outs.

9.24 The same staff member also highlighted several reasons as to why local people choose to use Edgware Birth Centre's services. These were that it offers culturally sensitive services to Orthodox Jewish and Black and Asian families; bespoke continuity of care for parents "including antenatal care, birth and parenting preparation classes and the chance to get to know the midwives who may facilitate their birth"; quick discharge, which is important for parents with other children being cared for by relatives; a home postnatal visit and Newborn and Infant Physical Exam (NIPE) the day following discharge, "which is cost-effective for the Trust and popular with families"; and easy access on foot for local residents on low incomes who do not own a car.

Table 21: Additional concerns and suggestions around the proposed closure of birthing suites at Edgware Birth Centre

Sub-Theme	Example Comments
Quality of services provided at Edgware Birth Centre	"… The Edgware midwives were incredibly familiar and understanding of my low stress approach to birth and made time to ensure they had read my birth plan in detail prior. They made the experience as comfortable as it could be…" (Member of the public) "When I have my midwife appointments at Edgware, I have never felt rushed; I have felt listened to and cared for by the midwives, which has helped me tremendously in what has been a challenging pregnancy for me…" (Member of the public)
Offers a more homely, less clinical birthing environment	"… I like that it is a smaller, more peaceful and personable environment than the larger hospital ward settings…" (Member of the public) "… It's such a lovely home from home with wonderful midwives…." (Member of the public)
Standalone midwife-led units are linked to fewer interventions and better outcomes for low-risk pregnancies	"… When I read the statistic booklet on birth outcomes it was a no brainer for me to have my child at Edgware. This is coming from someone who has worked on a level 3 NICU…" (Member of the public) "… Hospital-based birth centres are not the same as standalone birth centres, which have the best outcomes and are the most suitable and safe form of care for mothers with a healthy pregnancy. They are known to be safer than home births for first time mothers… and many people these days are in poor housing conditions and couldn't consider a home birth. They reduce the rate of caesarean sections and other birth interventions and mothers are less likely to end up in high dependency care. They reduce poor outcomes for mothers considerably… It is going totally against NICE guidelines and Better Births policy…" (Member of the public)

Sub-Theme	Example Comments
Loss of continuity of care	"…As I have all my antenatal appointments there, I am more likely to know the midwife who will be at the birth of my first child which makes me feel a sense of reassurance. From what I understand, this would be less likely at Barnet, due to the way the staffing works there…" (Member of the public)
Cumulative impact of removing maternity services from Royal Free Hospital and closing Edgware Birth Centre birthing suites	"If, as seems on the cards, the Royal Free maternity unit is going to be closed, all those who have their babies there at the moment will need to give birth somewhere else - this reduces the choice available and increased the numbers in all other services…" (Member of the public)

9.25 It was suggested that the number of births at Edgware Birth Centre could be increased through greater awareness of the service (for instance, through better promotion of the different birthing options in NCL by GPs, midwives, and obstetricians; and better signage to the Centre on the A5 main road) and by addressing any possible misconceptions around standalone midwife-led units being less safe than alongside midwife-led units and obstetric units. A trial period of concerted awareness-raising by midwives was suggested as a possible interim measure, before any final decision is made on the Centre's future.

Table 22: Suggested alternatives to the proposal for Edgware Birth Centre

Sub-Theme	Example Comments
Attempt to increase the number of births at Edgware Birth Centre by raising awareness	"… About 40% of pregnant women should be eligible for this kind of care but they are not being told about the evidence and not encouraged to plan their births in these units by professionals - midwives, obstetricians or GPs…" (Member of the public) "… I just wondered, if enough has been done to ensure other mums are aware of the benefits compared to birth in an attached birth unit to a hospital? I know from the mums I have met, they don't seem to know and think the hospital setting is 'safer'… As the decision to close the centre is independent of the rest of your proposals, could I suggest a trial period, say of 12 months of boosting advertisement - meaning every first contact midwife appointment addresses this, and then reinforces throughout…" (Member of the public)

9.26 Further, more specific suggestions made by a staff member (who was of the view that freestanding midwife-led units are under-used currently) was to consider an "opt out approach to low-risk midwifery led care, one where the woman must ask to be referred into an obstetric unit?" and re-assessment of the criteria needed to birth at midwife-led units to ensure it is an option for more women.

9.27 Another staff member quoted several reports highlighting that the closure of midwife-led units reduce pregnant women and people's access to water in Labour, a major form of pain relief. They therefore suggested that at least one birthing suite should remain open at Edgware Birth Centre, with access to a birth pool.

Equalities issues

9.28 A limited number of submissions raised potential equalities issues, which are summarised below.

Table 23: Equalities issues

Sub-Theme	Example Comments
Proposals might adversely affect women	"… Women's rights have constantly been eroded and their right to choose based on geography, past experiences, quality of care should not be yet another political football…." (Member of the public)
Proposals (particularly option A) might adversely affect medically complex / high-risk service users	"… Closing the unit [at Royal Free Hospital] doesn't erase the need for specialised care. Pregnant women, especially those with high-risk pregnancies, won't simply disappear. They'll be forced to crowd into already overburdened hospitals, potentially risking their health and the health of their babies. Is this not a reckless gamble with the lives of the most vulnerable?..." (Member of the public)
Proposals might adversely affect people from some ethnic groups	"…Are black and South Asian women, who could benefit most from care here [i.e. at Edgware Birth Centre] being told about the unit and supported to have their babies there?" (Member of the public)
Proposals might have an adverse effect on maternal mental health	"… There is more and more concern about mental health of mothers, yet you are proposing to close a service with a long and distinguished history, that provides the best possible care clinically, psychologically and economically…" (Member of the public)
Changing the midwifery provider for Islington might have the biggest impact on deprived communities and ethnic minorities	"Concern is expressed that changing the midwifery provider for Islington might impact greatly on this work, particularly the work of the Sunflower continuity team which works with deprived communities and ethnic minority (particularly Black African and Caribbean) women in the north of the borough." (Whittington Health: Universal Health Services for Islington)

Concerns about the consultation process

9.29 A small number of public responses criticised the consultation process, most commonly on the grounds that the questionnaire or other consultation materials were lengthy, off-putting, biased or confusing; there were inconsistencies or gaps in the information provided; and that many local people would not respond to the consultation, or were unaware that it was taking place.

Table 24: Concerns about the consultation process

Sub-Theme	Example Comments
Lack of awareness	"…based on conversations I have had… I am concerned that many within the community who would be adversely affected are unaware of the work taking place and the extent of the implications…" (Member of the Public)
Confusing or overly lengthy consultation materials	"… I have just looked at the 67-page consultation report and then responding survey and this is much too detailed for many members of the community who will find it intimidating and will then not give their views…" (Member of the Public) "… The questionnaire is simply very confusing and the way it is constructed many people will give wrong answers!" (Member of the Public) "… I'm emailing my response to the consultation because the form is rather biased in its questions…" (Member of the Public)
Possible inconsistencies or gaps in the data provided	"… There are assertions about the likely birth rate in NCL, but no projections are given for the individual units and the evidence is somewhat contradictory. The numbers of deliveries seem to vary in different parts of the reports..." "Why does your report not propose looking at the increasing intervention rates, such as inductions and caesarean sections? This would shine light on the lack of evidence-based care to coerce women with controlled diabetes, high BMI, LGA, SGA, ethnicity, parity, post-dates, "advanced" maternal age, and IVF to be induced and placed on obstetric units, therefore at an increased likelihood of interventions, complications and caesarean sections." (Staff member, NCL)

9.30 One detailed submission from a member of NHS staff complained about a lack of Obstetric involvement in the Start Well process; concerns raised by Obstetricians around the scoring system that informed the options appraisal and a disproportionate focus on neonates rather than women not being captured in subsequent documents; a lack of clarity as to how the preferred option was arrived at; and a lack of awareness of the proposals among some of their colleagues.

Summaries of detailed submissions

9.31 As previously mentioned, some written submissions have been summarised in more detail to highlight their main arguments. Those reported here have been chosen either because they cite sources of evidence or raise 'different' issues to those repeated by a number of respondents, or because they represent the views of larger groups of people.

9.32 The detailed written submissions do not lend themselves to easy summary and so readers are encouraged to consult the remainder of the chapter below to read a full account of the views expressed. Nonetheless, the following summary of key findings gives a sense of the types of issues raised - a 'summary of summaries'.

9.33 Several respondents[56] understood the case for change and endorsed - or at least had no objection to - the proposed model of care. The proposals would, it was felt, help overcome long-standing recruitment and retention challenges; ensure more sustainable and cost-effective future services; consolidate and enhance staff skills and competencies; and deliver overall service and estate improvements.

9.34 Although most of the other submissions tended to focus on options A and B or the proposed closure of the birthing suites at Edgware Birth Centre, a few explicitly rejected the case for change and the proposed model of care[57]. The key concern - raised by those who supported and were opposed to the proposed changes - was the impact of reducing to four maternity and neonatal units on demand and capacity at remaining sites, which are already under pressure. In this context, it was argued that even if overall birth rates are falling (which was disputed in some cases), the overall volume of maternity work is not due to a higher rate of complex pregnancies.

9.35 Travel and access considerations were also prevalent, particularly in relation to some service users' ability to travel to more distant hospitals. Indeed, the potential for difficult and costly journeys (especially by public transport) was frequently noted. Other concerns were around the impact of reducing the number of units on patient choice, and staff retention due to longer commutes.

9.36 Those who expressed an explicit preference for option A or opposed service reductions at Whittington Hospital[58] highlighted that it provides good quality general and specialist services to a highly populated, deprived, and diverse area. It was also commonly stressed that maintaining and expanding the existing level 2 neonatal unit at the hospital would be safer and less complex than upgrading the level 1 unit at Royal Free Hospital, and that the Whittington Hospital unit can care for babies with the most complex needs when they are transferred back from level 3 units.

9.37 Other reasons for supporting option A were that:

- it would require fewer workforce changes
- Whittington Health NHS Trust has a well-established and well-regarded training programme for junior doctors and nursing staff (whereas Royal Free Hospital no longer has middle grade neonatal trainees)
- Whittington Hospital has a good AHP network and a strong community nursing team (community and hospital-based care was said to be well-integrated)
- fewer NCL residents would be impacted by the change, and there is less impact on travel times

[56] Evelina London; London Neonatal Group; Whittington Health NHS Trust; neonatal and paediatric consultants at Whittington Health NHS Trust; Camden Council; Haringey Council; Islington Council; and Healthwatch Islington and Islington Somali Community.
[57] Royal College of Midwives; Barnet Council Adults & Health Overview and Scrutiny Sub-Committee; Brent Council; Leader of Brent Council and other elected members.
[58] Whittington Health NHS Trust; Allied Health Professionals [AHPs] and neonatal and paediatric consultants at Whittington Health NHS Trust; Royal College of Midwives; Whittington Health Universal Health Services for Islington; Haringey Council; Haringey Council Health and Wellbeing Board; Islington Council; Islington Labour; Healthwatch Islington and Islington Somali Community; Manor Gardens Welfare Trust; Red Cell Network Haemoglobinopathy Coordinating Centre; and several individual MPs, AMs, and councillors.

- there is better capacity at hospitals in north west London to absorb patients than in north east London

9.38 Those who expressed an explicit preference for option B or opposed service reductions at Royal Free Hospital[59] highlighted that it services a deprived and diverse community; and that removing services from there would adversely impact women with the highest-risk pregnancies and with pre-existing conditions. In relation to the latter point, several respondents highlighted the specialist maternal medicine and intrapartum services developed over many years at Royal Free Hospital in areas such as anaesthetics; cardiac care; 24-hour on site emergency interventional radiology (with onsite vascular and urology support); rheumatology and neurology; hepatology and renal services; pulmonary hypertension; haemophilia and bleeding disorders; diabetic medicine; and HIV medicine. There was a strong sense that losing joint obstetric and specialist services would significantly impact those with comorbidities and/or complex medical needs.

9.39 The most commonly suggested alternative was to maintain maternity and neonatal services at all current NCL sites, while upgrading the neonatal unit at Royal Free Hospital to level 2.

9.40 Although a few respondents accepted the rationale for the proposed closure of Edgware Birth Centre's Birthing suites, several others[60] strongly opposed the loss of the service on the grounds that:

- it is a "cornerstone" of the community
- it is well regarded by service users and recently received a 'good' rating from the Care Quality Commission
- as the only free-standing midwife-led unit in NCL, it offers patient choice
- staffing levels are good and it is a base for community midwives providing home birth services
- continuity of care results in better outcomes for parents and babies, and could be lost were the service to close
- closing the birthing suites could place pressure on other NCL maternity units
- a project to increase awareness of place of birth options has resulted in a 'dramatic increase' in the number of women self-referring to Edgware Birth Centre

9.41 As for alternative suggestions:

- the Royal College of Midwives suggested that the Centre could be staffed by maternity support workers, supported by midwives who are available on-call and who would accompany women to the birth centre to give birth
- an individual staff member felt that at least one birthing suite should remain open, with access to a birth pool
- another individual staff member suggested the consideration of an "opt out approach to low-risk midwifery led care, one where the woman must ask to be referred into an obstetric unit" and re-

[59] Royal College of Midwives; Royal Free Hospital's maternity unit, Department of HIV Medicine, and Haemophilia Centre & Thrombosis Unit; multidisciplinary team consultants and specialist midwives at Royal Free Hospital; Barnet Council Adults & Health Overview and Scrutiny Sub-Committee; Hampstead and Highgate Constituency Labour Party; Jewish Chaplain, Royal Free London NHS Foundation Trust; a couple of individual MPs and AMs; and an individual staff member.

[60] Royal College of Midwives; community midwives at Edgware Birth Centre; Haringey Council; Maternity and Neonatal Voices Partnership; David Pinto-Duschinsky MP; and a couple of individual staff members.

assessment of the criteria needed to birth at midwife-led units to ensure it is an option for more women

9.42 Several respondents stressed the need to consider the potential detrimental impacts of all proposals, but especially those to reduce the number of maternity and neonatal units at NCL hospitals, on certain groups, such as Asian, Black African (especially Somali) and Black Caribbean residents, who already experience health inequalities and poorer maternity outcomes; Orthodox Jewish residents (specifically in the context of potentially losing culturally sensitive services at Royal Free Hospital); those without access to their own transport and/or are ineligible for support with transport; lone parents and/or parents with no support network; and deprived communities more widely.

NHS and healthcare organisations/leads

Evelina London Women's and Children's Clinical Group (Evelina London), Guy's and St Thomas' NHS Foundation Trust (GSTT)

9.43 Evelina London does not object to the proposed changes but is interested in their potential impact on demand and capacity requirements in NCL and on networked services elsewhere, particularly South East London (noting that escalation calls are occurring in the services in NCL and across London). Specific queries are around:

- whether the changes would result in an increase in Level 2 and 3 cot numbers, and how these would be distributed
- whether the number of maternity beds would be redistributed across NCL in proportion with the distribution of neonatal beds, and whether this is anticipated to meet demand
- the potential impacts of transferring additional specialist maternity liver care to King's College Hospital (i.e. as a result of maternity services closing at Royal Free Hospital)
- how the proposed closure of neonatal services at Royal Free Hospital might impact neonatal and paediatric emergency department services elsewhere across London

London Neonatal Group

9.44 The London Neonatal Group feels that the opportunities for improvement outlined in option A would support the London Neonatal Operational Delivery Network (ODN) in working toward the recommendations set out in the Neonatal Critical Care Transformation Review and the Three-Year Delivery Plan for Maternity and Neonatal Services.

9.45 Whilst the Group supports the proposals for change, it acknowledges potential impacts on the Trusts involved and wider stakeholder groups. As such, the Network says it will monitor local transformation plans and activity through the North Central London Clinical Oversight Group, local maternity and neonatal systems, and the London Perinatal Group to consider the impact of patient flows across the wider area. It states that specialist network support is available through existing programmes of work delivered by network care coordinators to help improve the patient experience, and through networked provision of clinical psychology for staff working in neonatal services.

Royal College of Midwives (RCM)

General feedback

9.46 The RCM is not in favour of the proposals and instead supports maintaining maternity and neonatal services at all current NCL sites and retaining birthing facilities at Edgware Birth Centre. It believes that removing services from Royal Free Hospital would adversely impact women with the highest-risk pregnancies and with pre-existing conditions, as well as those from socially deprived areas, citing a recent MBRRACE-UK report on maternal mortality in the UK to support this view. It also rejects that services should close at Whittington Hospital on the basis it provides busy services for a diverse area, including very deprived communities in north London; while also noting that the consultation document makes 'no serious attempt' to justify this option.

9.47 Nonetheless, the RCM recognises the stated challenges, agrees that all neonatal units in NCL should be at least level 2 (in accordance with British Association of Perinatal Medicine standards) and that there should be alignment between maternity and neonatal services. It is therefore not arguing for a continuation of the status quo, but instead supports upgrading the neonatal unit at Royal Free Hospital to level 2.

Impacts on women and families

9.48 The RCM suggests that the patient flow modelling methods used in the options appraisal are over-reliant on an assumption that women and families will automatically opt for the next nearest site should their nearest one close. The RCM identifies other factors that can affect choices (such as CQC ratings, word of mouth, and parking provision) and states that it is difficult to predict patient flows or impacts on capacity with any certainty. Moreover, it claims that the closure of maternity services at Chase Farm Hospital was underpinned by inaccurate modelling and led to more pressure on neighbouring units.

9.49 The RCM also believes that decisions about moving services should not be taken lightly, especially when they effectively remove choice and pose transport issues. It notes economic (travel costs, parking fees) and social (time, childcare) impacts arising from the proposals; and highlights that women may need to travel outside public transport operating hours or may have their journeys extended by roadworks and rush hour traffic. Using TfL and AA route planner tools, the RCM has undertaken its own analysis of travel times and has concluded that there would be a greater difference in some average travel times than was set out in the pre-consultation business case; specifically, travel times to Royal Free Hospital from addresses within the Whittington Hospital catchment area as well as those for public transport users in general.

Royal Free Hospital

9.50 The RCM is of the view that the consultation is disproportionately weighted towards the provision of neonatal services and lacks due consideration for maternity services, especially for women with complex conditions and those falling critically ill around the time of birth. While recognising that neonatal services at Royal Free Hospital are underutilised and face challenges, it feels these would best be resolved as part of a strategy that aligns neonatal and maternity services in line with the direction set out in national policy.

9.51 It is also felt that the proposals give little or no consideration to the excellent specialist maternal medicine and intrapartum services developed over many years at Royal Free Hospital in areas such as anaesthetics; cardiac care; interventional radiology, with onsite vascular and urology support; rheumatology and neurology; hepatology and renal services; amyloidosis; pulmonary hypertension; and haemophilia and bleeding disorders.

9.52 Due to the increasing rate of complex pregnancies, the RCM contends that the overall volume of maternity work is not decreasing even if overall birth rates are falling. It notes that Royal Free Hospital serves deprived areas; and that many people from outside the NCL catchment use its services. In the RCM's view, large scale reconfigurations should be organised to minimise potential transfers between units.

9.53 The RCM finds it difficult to understand how closing maternity care at Royal Free Hospital can be reconciled with findings from the Ockenden Review, which sets out recommendations for the care of women with pre-existing medical disorders and called for robust pathways to manage complex pregnancies. It feels it would be preferable to maintain maternity services at Royal Free Hospital and upgrade its neonatal unit on the basis this would help with staff recruitment and enhance skilling opportunities, relieve pressure on neighbouring units, and increase the overall number of women choosing to give birth at the hospital.

Whittington Hospital

9.54 The RCM cannot discern any cogent arguments to support closing maternity and neonatal services at Whittington Hospital. Moreover, it believes this would be "foolhardy" given the site's significant activity levels and the diverse population it serves. It notes that while services were identified as 'requiring improvement' in the most recent CQC inspection, this was accompanied by many positive findings about the staff skills and training, management of safety incidents, leadership, and working culture.

Edgware Birth Centre

9.55 The RCM is disappointed by the proposed closure of Edgware Birth Centre's birthing provision, highlighting that it has operated for many years, offers a base for community midwives providing home birth services, and received positive feedback and a 'good' rating from the CQC in 2023. It notes that the Centre's current staffing levels are good and that temporary closures are caused by these staff being required to support services at acute sites and in the community.

9.56 The RCM believes there is a good case for retaining the service to facilitate choice (noting that Edgware Birth Centre is the only standalone midwife-led unit in NCL) and maintain continuity of care for women receiving antenatal and postnatal care at the site. To manage issues, the RCM proposes a staffing model in which Edgware Birth Centre is staffed by maternity support workers, supported by midwives who are available on-call and who would accompany women to the birth centre when the time comes for them to give birth.

Affordability

9.57 While the RCM has been told that these proposals are not driven by financial considerations, it feels that affordability must inevitably be a consideration. It also acknowledges that its suggestions may be deemed too expensive to deliver. In this context, the RCM notes a recent letter from NHS England to ICBs and Trusts, which called for the prioritisation of patient safety with an additional allocation of £800m, as well as an announcement in the Spring 2024 budget of an additional £35m to invest in improving maternity safety across England. It therefore urges NCL ICB to use this as an opportunity to rethink the Start Well proposals and recognise the need to invest in optimising maternal and neonatal care across all its locations.

Whittington Health NHS Trust

9.58 Whittington Health NHS Trust agrees with the case for change and is satisfied that the data shows birth rates in NCL are declining. It acknowledges the stated challenges and agrees with having all neonatal units at level two and the consolidation of maternity services across four sites. It believes that option A is preferable because:

- maintaining and expanding the existing level 2 neonatal unit on the Whittington Hospital site would be safer and less complex than upgrading the level 1 unit at Royal Free Hospital
- the preferred option requires fewer workforce changes, as Whittington Health has a well-established training programme for junior doctors and nursing staff, whereas Royal Free Hospital no longer has middle grade neonatal trainees
- there is better capacity at hospitals in north west London to absorb patients, whereas north east London is more concerned about additional patient flows into its system
- the funding earmarked under the preferred option will enable improvements to the maternity estate to meet modern building standards and improve care standards

9.59 The Trust also agrees with the proposal for Edgware Birth Centre. While it recognises that the proposed closure would be disappointing for many, it agrees that the unit is not clinically sustainable and believes that the timescales allow sufficient time for pregnant people to consider alternative options.

NHS and healthcare teams

Allied Health Professionals (AHPs), Whittington Health NHS Trust

9.60 The AHP workforce at Whittington Health NHS Trust supports option A, the reasons for which are summarised below:

- as a level 1 unit, Royal Free Hospital is under-used and not suitable to provide care for the most premature babies. This makes it more difficult for staff to maintain their competencies and skills; as a result, Royal Free Hospital could require more investment in recruitment and training of AHPs in high-skill areas; the increase in travel times could also see staff reductions among those who are unwilling to travel for work
- Whittington Health's Neonatal unit has "led the way" in AHP representation, having a well-established multidisciplinary team (MDT); AHP staff at Whittington Hospital also have advanced skills and experience in their discipline and have been integral to providing individualised care of infants to maximise neurological development and reduce long-term cognitive and behavioural problems
- staff have worked to create a streamlined service and more robust support for families transitioning home from the Whittington Hospital neonatal unit
- Islington is providing increased support to vulnerable groups by offering a home visit and neonatal intensive care unit (NICU) graduate baby group, aimed at increasing parental confidence and a supported transition to engage with universal services
- Whittington Health has been engaging in practices to meet challenges in specialist areas such as dysphagia and upper limb splinting, creating a more supported and streamlined experience for families with babies with complex needs
- Whittington Hospital has 1.6 whole time equivalent trained SLTs trained in paediatric dysphagia whereas Royal Free Hospital has 0.2; if units at Whittington Hospital were to close and these staff were unwilling to move to Royal Free Hospital, this would have a negative impact on the level of care provided for the community; Whittington Hospital also runs a monthly video fluoroscopy clinic for paediatrics

- Whittington hospital has a well-established AHP network with a strong, profession specific, senior leadership structure; these senior professionals are not necessarily tied in with the neonatal units but are based in operational or community teams; if the Whittington was to close, losing access to this seniority and leadership could impact on workforce development and wellbeing
- the Senior Leadership Team at Whittington Hospital offers shared placements between the NICU team and community teams, whilst AHPs at the site take on apprenticeship practice roles; closing the units here would risk reducing these initiatives
- Whittington Hospital dietetics provides established pathways and well-attended clinics to maternity care; option B could risk reducing engagement in these supportive clinics, negatively impacting outcomes for service users
- Whittington Hospital has had a well-established, gold standard neurodevelopmental pathway for over 15 years with a highly experienced team in early identification of neurodevelopmental concerns

Community midwives at Edgware Birth Centre

9.61 Community midwives at Edgware Birth Centre oppose the proposal to close the birthing suites there, arguing that it is a 'cornerstone' of the community, providing essential support to pregnant women and people. It is said that the closure of the suites would have a detrimental impact on the health and well-being of service users and their families, limiting access to safe and personalised maternity care and putting additional strain on services that are already under pressure.

9.62 The midwives explain that as well as running Edgware Birth Centre, they are the designated home birth team for Royal Free London NHS Foundation Trust. They run this service out of the Birth Centre, which requires a minimum of two midwives to provide on call cover in a 24-hour period. These midwives may be called to a home birth but are also available for all women choosing to birth at Edgware Birth Centre. Therefore, there is thought to be no financial gain for the trust or NHS by closing the birthing suites.

9.63 It is said that over 16,000 new homes are being built or have planning permission in the area serviced by Edgware Birth Centre, increasing the number of pregnant women and people likely to use its services. The proposed closure of the birthing suites (which are situated in a high deprivation area) could "increase the time and cost associated with attending appointments, which could lead to appointments being missed and perinatal complications not being picked up in a timely manner."

9.64 Birthing options for those with low-risk pregnancies are said to be becoming increasingly limited due to the closure of midwife-led birthing units, despite the fact they are associated with fewer interventions and better outcomes for parents and newborns, as well as financial gain to the NHS. Moreover, the Edgware site (one of only two free-standing birthing units in London) has recently received a 'good' rating from the Care Quality Commission.

9.65 The midwives highlight the NHS Choice Framework, which suggests that pregnant women and people should be offered all four birthing settings when accessing maternity services and suggested that this might not be the case for service users in NCL if the birthing suites were to close. Moreover, they say that Royal Free London NHS Foundation Trust is significantly ahead of most other NCL trusts when it comes to Maternity Continuity of Carer [MCoC]. It has three teams providing full antenatal, intrapartum and postnatal continuity and this includes the Edgware Team for pregnant women and people that choose to birth at home and at Edgware Birth Centre.

9.66 The midwives are also concerned at the prospect of putting additional pressure on "already stretched" services at other sites and reducing patient choice through the proposed closure of Edgware Birth Centre birthing suites. They also suggest that by increasing demand at other sites, higher-risk service users might receive less care than is currently the case. With a report by MBRRACE-UK[61] suggesting that black women are four times more likely to die during childbirth than white women and Asian women are twice as likely, removing the birthing service at Edgware Birth Centre could, it is felt, have a detrimental effect on outcomes for mothers and babies in the area.

9.67 Finally, Edgware Birth Centre team has been running a quality improvement project to increase awareness of place of birth options. This, is it said, has proven successful and the number of women self-referring to Edgware Birth Centre has "dramatically increased."

Department of HIV Medicine, Royal Free London NHS Foundation Trust

9.68 The Ian Charleson Day Centre (ICDC) is a dedicated clinic for the treatment of people living with HIV based at Royal Free Hospital. It provides "a warm, welcoming and familiar environment" for patients which makes its patients feel safe which, in turn, keeps them engaged with care. The centre offers a number of specialist services, including a dedicated service for women (the first hospital in the country to do so) that includes prenatal, antenatal and postnatal care specific to women living with HIV.

9.69 Additionally, the team can access several other highly specialist antenatal care services within Royal Free Hospital. It has in-house consultant led clinics for patients with comorbidities, dedicated in-house psychologists and a liaison psychiatrist, peer support, plus an extensive research team embedded in the service – all of which support a woman throughout her pregnancy, as required. The antenatal MDT is made up of a highly experienced HIV specialist obstetrician, a specialist midwife, an HIV consultant, a virologist and a dedicated team of nurses, psychologists and infant feeding specialists; and there is access to onsite specialist HIV pharmacists who provide expert advice and facilitate fast delivery of drugs that help prevent HIV transmission to neonates.

9.70 It is said that under the current model of care, pregnant women and people with HIV can have all their needs addressed on one site, enhancing accessibility and facilitating communication among professionals and promoting better engagement and retention in care. This is said to be particularly important since people suffering from HIV suffer disproportionately from poor mental health, poverty, drug and alcohol problems, domestic violence, and post-partum depression. As such, the department expressed concern about the women under the care of ICDC having to transfer to an unfamiliar service provider at such a vulnerable time, and with the potential to lose contact with professionals with whom they have an established rapport.

Haemophilia Centre & Thrombosis Unit, Royal Free Hospital

9.71 Staff at the Haemophilia Centre at Royal Free Hospital express concerns about the proposals, suggesting that a comprehensive impact assessment concerning the morbidity in pregnant women and people with bleeding, thrombosis issues, or other medical conditions has not been undertaken.

9.72 The Katharine Dormandy Haemophilia and Thrombosis Centre is said to emphasise co-location of comprehensive haemophilia and maternity services and is "unparalleled in the region," serving around 2,500 registered patients and a significant number of thrombosis patients. Its joint service with the Obstetrics and Gynaecology department is said to be recognised globally as a "pioneering model for its innovative approach to managing bleeding disorders, particularly in relation to heavy menstrual bleeding and post-partum

[61] MBRRACE-UK Report 2023

haemorrhage.” As such, staff feel that these services could be significantly undermined by the relocation of maternity services, directly impacting the care and safety of service users. Pregnant women and people with complex thrombotic histories and conditions are also said to require close monitoring throughout pregnancy, furthering the case for maintaining services in their current location.

9.73 Staff also include several notes on the consultation document, summarised below:

- the map of services currently at Royal Free Hospital should be marked as a 'highly specialist centre for pregnant women and people and their babies, before and after birth'
- it was stated that some patients with rare blood disorders had chosen to give birth at Royal Free Hospital
- moving staff providing specialist care is not possible as this care must be co-located with the other services required to provide it (e.g. a comprehensive care haemophilia centre and specialist coagulation lab)
- the proposals do not consider the impact on pregnant women and people or babies with rare disorders. This vulnerable group currently receives care from services available at Royal Free Hospital that could not be replicated elsewhere
- the proposals go against the 2021 UK Rare Diseases Framework which states services should aim to improve care for such patients

Multidisciplinary team (MDT) consultants and specialist midwives at Royal Free London NHS Foundation Trust

9.74 The MDT involved in maternity care at Royal Free Hospital supports the need to review the provision of maternity and neonatal services in the area but is concerned about the proposals to close units at Royal Free Hospital.

9.75 The team references a recently published report from MBRRACE-UK, stating that maternal death rates in the UK have risen by 15% over the last 10 years, with most being the result of 'indirect' causes (i.e. existing illnesses and conditions). Moreover, it is said that only 45% of all UK obstetric units provide a multidisciplinary clinic for medical conditions (excluding diabetes). Royal Free Hospital is therefore said to be a pioneer in establishing maternal medicine services ahead of recommendations to ensure a safe and appropriate referral system; and providing care for high-risk pregnancies for over 30 years.

9.76 Royal Free Hospital is said to be a unique maternity unit within NCL in providing the following specialist services for complex maternity care:

- 24-hour interventional radiology (IR) and on-site acute vascular surgery & urology support
- second largest intensive care unit within NCL
- specialist liver and renal transplant and dialysis services; on-site cardiac intensive care with 24-hour cardiology & cath lab cover; and a specialist on-site pulmonary hypertension service (it is the only maternity unit within NCL providing these)
- National Haemophilia Centre with a dedicated laboratory and treatment centre
- specialist HIV antenatal care clinic
- National Amyloidosis Centre
- specialist rheumatology and neurology services.

9.77 Furthermore, the following joint obstetric/specialist clinics were said to be provided by the maternity services at Royal Free Hospital:

- general maternal medicine; joint cardiology/obstetric; joint hepatology/obstetric; joint neurology/obstetric; joint renal/obstetric; and joint haemophilia and other bleeding disorders/ obstetric antenatal clinics
- a dedicated integrated service for pregnant women and people with HIV
- a dedicated specialist obstetric anaesthetics clinic and service.

9.78 Due to the specialist services available at Royal Free Hospital and the risks associated with transferring service users with complex needs during emergencies to access them, it is argued that maternity and neonatal units at the hospitals ought to remain open. In addition, Royal Free Hospital is said to have cared for 1,703 of the highest-risk pregnant women and people over the last five years, and 25 pregnant women and people receiving care at the hospital in 2023 could only have received care there.

9.79 The MDT claims that the Start Well programme emphasises the care of babies while failing to adequately consider the welfare of parents. It suggests that given the proposed closure of the units at Royal Free Hospital, the proposals do not align with national concerns for maternal safety; and that while upgrading the level 1 neonatal unit would have its challenges, the closure of the maternity unit is not the correct decision for safeguarding new parents.

Neonatal and paediatric consultants, Whittington Health NHS Trust

9.80 Neonatal and paediatric consultants voiced their support for the need for change, stating that neonatal and maternity services in NCL are currently unsustainable and not cost-effective. They suggest that the proposals provide an opportunity to improve the quality of maternity and neonatal care across the area.

9.81 The consultants support the proposal to concentrate skills, resources and personnel by reducing the number of neonatal and maternity units and increasing the minimum level of neonatal care provided to level 2.

9.82 Moreover, the consultants express their support for maintaining services at Whittington Hospital and closing services at Royal Free Hospital for the following reasons:

- the area around Whittington Hospital is highly populated, meaning the site can provide local services to many residents
- Whittington Hospital can care for babies with the most complex needs when they are transferred back from level 3 units, including the sickest and most preterm
- consultant neonatologists at the unit work closely with obstetric colleagues to provide comprehensive 24/7 neonatal care and joint antenatal counselling for complex cases
- the range of input from allied health professionals, the strength of the community nursing team, and the provision of local child health services through the Whittington Health Integrated Care Organisation
- the neonatal and paediatric department at Whittington Hospital has a good reputation for training, including delivery of regular multidisciplinary Advance Life Support Group (ALSG) courses, and courses on neonatal life support, advanced paediatric life support, level 3 safeguarding training, and midwifery newborn examination

- » the work undertaken to embrace Family Integrated Care[62] and the Bliss Baby Charter[63]
- » a strong working culture at Whittington Hospital that contributes to high quality care and cannot easily be transferred elsewhere

Psychological therapies staff, Royal Free Hospital

9.83 Psychological therapies staff at Royal Free Hospital endorse the arguments put forward in the written submission from MDT consultants and specialists (above) about the potential negative impacts of closing units at Royal Free Hospital.

9.84 The staff also explain that Royal Free Hospital specialist services that are involved in the provision of MDT care to pregnant women are also support by psychological therapists based within these teams that have specific knowledge of potential comorbidities and provide expert care in the management of these (e.g. HIV, Renal, Liver Transplantation, Neurology, Dermatology, Oncology, Haemophilia). There are also psychological therapists embedded within the maternity service that hold expertise in maternity care and can access support from their psychological therapy colleagues easily given collegiate relationships.

9.85 The staff are concerned that this expertise from other specialities to support psychological therapists in maternity services would be absent or require liaison across Trust boundaries, should Royal Free Hospital maternity unit close. This could also apply to the psychological therapists providing a service to women's health, including generic gynaecological conditions (not available in other acute NCL hospitals), that enables continuity of care where reproductive organs have been/are problematic and can negatively impact the pregnancy, birth and post-natal experience for the mother and the baby.

9.86 Finally, Royal Free Hospital is also said to provide brief post-natal work immediately after birth, with early interventions (before three months) proving to be the most effective at addressing issues around bonding and attachment. This, it is said, plays a key part in a child's emotional wellbeing.

Royal Free Hospital maternity unit staff

9.87 An additional response from staff working at Royal Free Hospital's maternity unit covers substantially similar points to those raised by the MDT consultants and specialist midwives (summarised above). For example, it highlights increases in maternal deaths linked to pre-existing conditions, the important role played by MDTs in treating complex pregnancies and births, and lists the various specialist services available at Royal Free hospital to support maternity care.

9.88 The response particularly highlights the work undertaken by the Joint Obstetric Bleeding disorders clinic at the hospital's Haemophilia Comprehensive Care Centre, including prenatal diagnosis and diagnosis for neonates at birth. It is stated that neither UCLH nor Whittington Hospital provide Comprehensive Care or specialised laboratories for haemophilia.

9.89 In summary, medically complex high-risk mothers are said to be at a disadvantage if option B is implemented, and it is further claimed that this option would conflict with the MBRRACE-UK and Ockenden recommendations. Therefore, the "logical option" is to maintain maternity services at Royal Free Hospital and to upgrade its neonatal unit to level 2 status.

[62] A model that integrates families as partners in the Neonatal Intensive Care Unit care team, and provides a structure that supports the implementation of family-centred care.
[63] Bliss Baby Charter

Whittington Health: Universal Health Services for Islington

9.90 Whittington Health's Universal Health Services for Islington supports option A, citing the higher numbers of births and existing level 2 neonatal unit at Whittington Hospital. The response notes the hard work undertaken to develop the Bright Start Strategy, integrating community midwifery, health visiting and Early Years Services in Islington. It particularly highlights the work of Continuity of Care midwifery teams and information sharing meetings between midwives and health visitors to support early interventions and improve outcomes.

9.91 Concern is expressed that changing the midwifery provider for Islington might impact greatly on this work, particularly the work of the Sunflower continuity team which works with deprived communities and ethnic minority (particularly Black African and Caribbean) women in the north of the borough.

9.92 Concern is also expressed that removing the NICU from Whittington Hospital would impact on a local Neonatal care project linked to family hubs, on the basis that therapy staff employed by the Start For Life workstream (e.g. in Speech and language and Occupational Therapy) would have less clinical time available to spend with local babies, due to travelling to and integrating with NICUs outside the borough. If option B was agreed, there would also be concern regarding the offer in Islington to support babies with Tongue Tie (which runs from Royal Free Hospital).

Local authorities

Barnet Council (Barnet Adults & Health Overview and Scrutiny Sub-Committee)

9.93 Barnet Council cites data predicting a rise in birth rates in the borough over the next decade and is concerned about possible contradictions with the ICB's evidence for declining numbers of births. Moreover, it notes that Barnet has a large Orthodox Jewish community whose birth rate is likely to be higher than average, asking whether the overall figures risk 'masking' rising birth rates in specific communities.

9.94 The Council also refers to planned new housing developments, particularly in the west of the borough (i.e. in areas which would tend to use Royal Free Hospital) which, it suggests, will increase the size of the local population and lead to more demand for services. It further suggests that changes in the type of housing in the area, for example increased levels of family housing and affordable rented units, might also impact on the birth rate.

9.95 There is concern that vulnerable communities would be impacted and the Council states that the health inequalities experienced by Black and Asian communities need to be recognised and considered. Furthermore, it notes the established relationships between the Jewish community and Royal Free Hospital and is concerned that the "specific facilities and cultural understanding and sensitivity" will be lost (there is scepticism that they can be "simply re-provided" at Whittington Hospital). Concerns are also expressed about the quality of maternity services provided at Whittington Hospital. The Council instead proposes that the ICB could perhaps increase the numbers of hospital nurses and other staff as a possible alternative to the proposed changes.

Brent Council

9.96 Brent Council is concerned that its residents are unlikely to benefit from the proposals, due to a reduction in choice and an inability to access what is, for many, their preferred delivery unit (i.e. Royal Free Hospital). Should the NHS proceed with the preferred option, the Council would wish to work with the NHS to ensure residents receive high quality care and can access the benefits of the Start Well programme, noting that its

residents are unlikely to benefit from the additional capital investment in NCL services under the preferred option.

9.97 The Council welcomes the ICB's recognition that its preferred option has the potential to impact disproportionally on disadvantaged communities in Harlesden and Willesden and trusts that the ICB will focus on mitigating these impacts. It notes that the ICB already identified potential areas where additional support might be needed (e.g. around travelling to hospital, accessing online services, and care needs of lone parents) and would be interested to understand how the ICB proposes that this type of support can be provided.

9.98 In the event of maternity services closing at Royal Free Hospital, it is noted that the consultation refers to more ante- and post-natal care for Brent residents potentially being delivered in the community. While the Council would welcome this mitigation, it notes existing pressures on space and facilities (e.g. at Family Wellbeing Centres) and therefore states that early discussions would need to take place with Brent Children's and Young People's services and the Borough Based Partnership in order that this ambition could be realised.

9.99 The Council notes the difficulties of change programmes whose impacts are not confined to single ICBs, highlighting that Londoners' use of services often spans ICB borders. It therefore wishes to discuss the implementation of any changes with both NCL and NWL ICBs and to be involved in this process, while noting that existing governing arrangements may prevent this. Finally, hope is expressed that insights gleaned from the consultation will be shared with the Council so that it can work with the NHS to improve its residents' experiences and outcomes.

Camden Council

9.100 Camden Council recognises that the falling birth rate requires some changes to current maternity and neonatal services to ensure service quality; however, it notes that the prospect of losing a maternity unit is causing considerable concerns among residents, which need to be heard and addressed. The Council provides a list of potential areas where more reassurances might need to be provided in the event of any changes being made, as well as actions that the ICB may need to undertake, specifically:

- ensuring that accessible provision, choice, and confidence in services is maintained, both across the borough and for its diverse communities in particular
- having some flexibility retained, to accommodate any future increase in the birth rate
- ensuring that the proposals would not reduce quality and access to specialist care
- ensuring that the "culturally appropriate and nuanced service" offered by Royal Free Hospital is replicated elsewhere, in the event of it closing (with Somali and Jewish Orthodox communities being identified as ones that will need to be intensively engaged in this process)
- implementing mitigations around travel times and costs "in a co-designed way with local residents to ensure they are utilised and effective" (it is also claimed that a lack of explanation and detail thus far is an ongoing source of concern to local residents)
- undertaking engagement work to understand maternity choices and improve communication materials – to help meet needs of patients who would need to travel out of area and those with protected characteristics, and address the risk that the area may be perceived as "not friendly for families", with possible associated impacts on birth rates and local baby, early years and nursery provision

- ensuring adequate planning for the implementing of changes, engaging with relevant service leads – including interfaces with wider support services including health visiting and family support services
- providing assurances that work would be undertaken during implementation to ensure "impacts on community, perinatal mental health and primary care service provision are mitigated and services are modified where needed"
- undertaking a mixed methods evaluation with stakeholders to ensure any unforeseen issues are addressed, and that antenatal and postnatal care provision continues to be located optimally and close to where families need it
- making the NCL Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan available so that it can be seen whether progress is being affected by the changes
- engaging with the emerging London maternal and neonatal mortality strategy work
- providing assurances that there will be no drop-off in service availability and quality during any transition period
- providing assurances that any necessary mitigations are acted on and "held under an appropriate place of governance"

Haringey Council

9.101 Haringey Council tends to agree with providing maternity and neonatal services at four sites rather than five and prefers option A, noting that 30% of Haringey mothers have their babies at Whittington Hospital. It is concerned that closing the maternity service at Whittington Hospital would have a range of negative financial and emotional implications, especially for women who rely on public transport or a local support network. It expresses concern about the impact on the health visiting and School Nursing services delivered out of Whittington Hospital, fearing that these may become 'fragmented' if maternity services are not maintained.

9.102 The Council nonetheless acknowledges the need for capital investment in and refurbishment of the 'Victorian' maternity and neonatal unit at Whittington Hospital. It supports the provision of labour rooms with ensuite bathrooms and spaces for birth partners to be present for deliveries and urges that these changes are prioritised. Similarly, the Council supports increasing neonatal capacity in Whittington Hospital but again feels investment in the hospital buildings is needed to ensure that the unit meets modern standards (e.g. sufficient space around cots for infection control and to allow parents to be supported in providing care to their baby). For both areas of work, it urges that a timetable for improvements is provided.

9.103 The Council also states that a significant factor in its support for option A is the need for fewer staff to move to a new location. It suggests that this should minimise the number who might feel unsettled and consider working elsewhere. It also suggests that the proposed investment in the hospital buildings will support recruitment and retention by creating a better working environment.

9.104 Although its residents are unlikely to use the facilities at Edgware Birth Centre, the Council acknowledges that the proposed closure will be disappointing for those hoping to give birth at the unit in the future. While it recognises the issues facing Edgware Birth Centre, it supports the right to choose midwife-led services and home birth options where appropriate and believes these options should be available locally.

Haringey Council Health and Wellbeing Board

9.105 Haringey Health and Wellbeing Board is concerned that option B would have a detrimental impact for Haringey residents, both in terms of increased travel times and also potential impacts on Whittington Health

community services (health visiting, school nursing, PIPs and child development services). It notes that more staff would be impacted by option B and that option A would enable increased investment in Whittington Health services. The Board also feels minoritised women in Haringey are particularly likely to be disadvantaged by option B.

9.106 While the Board agrees that consolidating maternity provision has potential to reduce inequalities, it also notes that ante-natal and post-natal care impact on experience and outcomes. It suggests there needs to be strong focus within the ICS on the areas for improvement highlighted by the Haringey Still Birth review.

Islington Council

9.107 Islington Council welcomes the ambition to invest in services and improve the physical environment in hospitals, believing that opportunities to do this in collaboration with local communities (especially those at greatest risk of poorer outcomes, should be "strongly grasped". The Council believes the case for change is clearly made and supported by national drivers. It is concerned that the neonatal unit at Royal Free Hospital does not treat enough babies each year to maintain competencies and agrees the proposals would help maintain safe staffing levels and service quality. It further agrees that having all maternity units supported by at least a level 2 neonatal unit will provide greater on-site expertise and suggests the proposed reconfiguration would help meet recommendations set out by the Royal College of Obstetricians and Gynaecologists (RCOG) and the British Association of Perinatal Medicine (BAPM).

9.108 The Council strongly supports option A on the grounds of equity, access, and supporting good quality, joined-up community-based services in Islington. It notes that while NCL's birth rate may be declining, more children are being born in deprived areas. It adds that Islington has the highest Income Deprivation Affecting Children (IDACI) score in London and that it and Haringey are in the 20% most deprived areas UK-wide; therefore, it suggests maintaining services at Whittington Hospital would better meet needs and equity of access.

9.109 The Council also cites evidence that fewer NCL residents would be impacted by closure of the maternity unit at Whittington Hospital, compared to the closure of the unit at Royal Free Hospital. It also notes that there is capacity for NWL's hospitals to absorb Royal Free Hospital patients under option A, whereas under option B a number of births may be displaced into North East London, where these reassurances are not in place. There are also concerns about potential equalities impacts under option B, noting that local women may present late due to issues such as deprivation, disadvantage and discrimination. It is also suggested that option A is better for travel times across the area.

9.110 Islington Council also identifies maintaining continuity of care between maternity and neonatal services and the community as a benefit of option A. The Council highlights the expertise of allied health professionals and a community nursing team in providing extensive home and community support, minimising unnecessary admissions and enabling earlier discharges and provision of joined-up care closer to home in the Islington area. Specific examples include phototherapy services allowing babies with jaundice to be treated outside of hospitals and the virtual ward programme offered by Whittington Health. Links with public health interventions, such as preventing smoking and encouraging breastfeeding, are also highlighted. It is stated that these local services achieve outcomes "far in excess of national and London averages", and that it is essential given the high level of inequalities in Islington that this support is not compromised should NCL ICB decide to close services at Whittington Hospital.

9.111 The Council suggests that residents most likely to be affected under option B include those at greatest risk of complications and poorer outcomes, such as: women living in some of the most deprived parts of the borough (including the Holloway and Finsbury Park areas) and those from Black African (including Somali) and Black Caribbean communities. It does acknowledge, however, that members of Islington's small

Orthodox Jewish community may be affected by option A and feels the group must be empowered to engage with the change process to mitigate any negative impacts.

Islington Council Children's Services

9.112 In support of option A, the response from Islington Children's Services highlights similar points to the Islington Council response summarised above, namely: less workforce disruption, fewer local residents being impacted and better capacity in NW London hospitals (compared to NE London) to absorb births from NCL. Similar concerns are also raised about potential impacts in the Holloway and Finsbury Park areas particularly, due to the health impacts of deprivation and greater numbers of Black African and Caribbean women who are known to experience poorer maternity outcomes.

9.113 It is noted that Whittington midwifery Continuity Care teams cover these more deprived wards, where they work closely with Health Visiting and Family Support services to offer more early interventions. The Council adds that Whittington Hospital provides community children's health services (including health visiting services, community nursing and Continuity Care Midwifery teams) to provide 'seamless' support from hospital to community care, especially for babies with complex needs. There is concern that closing maternity and neonatal services at Whittington Hospital might lead to reduced support and disruptions to established relationships and care for local families.

9.114 There is also concern that option B would lead to negative impacts on neonatal care delivered as part of family hubs, as this would lead to therapy staff (Speech and Language and Occupational health) needing to travel and integrate with other NICUs, which would reduce clinical therapy time available for local babies.

9.115 There is one concern expressed about option A: namely that Islington babies are currently referred to the Tongue Tie service operating out of Royal Free Hospital and consideration should be given to moving it.

Elected representatives and political parties

Hampstead and Highgate Constituency Labour Party

9.116 At a meeting of its General Council held on 25th January 2024, Hampstead and Highgate CLP passed a motion expressing concern about the proposed closure of Royal Free Hospital's obstetric unit, specifically the "considerable inconvenience" many local service users would face in accessing alternative provision and the "demoralising" effect on staff, "potentially reducing recruitment, retention and service quality". The motion also calls for the withdrawal of the proposal to remove services from Royal Free Hospital and instead advocates the drawing up of plans "to improve service provision at all sites in the sector."

Islington Labour

9.117 Executive Members and MPs for the area express their opposition to the possible closure of the maternity unit at Whittington Hospital. The hospital's maternity unit is described as an essential part of the community to which very many residents have a personal connection. It is suggested that closing the maternity unit would disrupt access to essential services, deprive parents of care and expertise, and force local people to travel further. It is also noted that the unit currently provides care to around 12 babies and mothers a day and cares for families from a wide range of ethnic, cultural and religious backgrounds.

9.118 The submission also refers to promises to increase capital spending on the hospital over the years, as well as various campaigns that have been undertaken in support of services that have been threatened: "which featured thousands marching against the plans". It is suggested that any attempts to close maternity services at the hospital would be met with a similar response locally.

Bambos Charalambous MP

9.119 Bambos Charalambous MP writes in support of maternity services being maintained at Whittington Hospital, alongside capital investment allowing its maternity unit to be upgraded. He suggests that this would help ensure high quality care in the future and also address concerns expressed by Homerton Hospital about pressures on its unit if maternity services at Whittington Hospital were to close.

9.120 Whittington Health is also described as having a well-established and highly rated training programme for junior doctors and nursing staff, whereas Royal Free Hospital is said to no longer have middle grade neonatal trainees following the 'Healthy Start, Healthy Futures' consultation. Additionally, it is noted that, being a level 2 unit, Whittington Hospital's neonatal unit manages more premature and sicker infants than that at Royal Free Hospital, and that maintaining services at Whittington Hospital has been identified as least disruptive to local healthcare trainees' training needs and requirements.

Catherine West MP

9.121 Catherine West MP strongly opposes the inclusion of an option that would see the closure of the maternity unit at Whittington Hospital, which she describes as a much-loved and essential part of local services, serving families from a wide range of ethnic, cultural and religious backgrounds. It is claimed that losing the service would be devastating for women in the Hornsey and Wood Green constituency, as they would need to travel significantly further to access care, while it would also have a detrimental impact on the wider work of the Whittington Hospital in its role providing integrated community and hospital care.

9.122 In addition, Catherine West MP highlights a need for urgent capital investment at Whittington Hospital, specifically the "desperately overdue refurbishment" of the maternity and neonatal unit, and urges Start Well to prioritise these works.

Councillor, London Borough of Islington

9.123 Based on previous experience, the councillor understands that there is a great deal of inter-dependence between maternity and A&E services. They fear that the closure of maternity services could result in the number of emergency staff "losing critical mass", thereby threatening the viability of the Emergency Department and the wider hospital. They also note Whittington Hospital's good reputation for maternity services and feels option A is also better in terms of travel distances across the NCL area.

Councillor, London Borough of Islington – Finsbury Park Ward

9.124 The councillor supports option A on the basis that far fewer Islington births would be affected. They note that the Holloway and Finsbury Park areas have been identified as more vulnerable to the impact of these proposals due to deprivation and numbers of Black African (including Somali) and Caribbean women, associated with poorer maternity outcomes. These residents would, it is claimed, be more impacted if the Whittington services closed, due to having to navigate unfamiliar sites, additional transport and language barriers. To promote accessibility, it is suggested that any changes implemented must be accompanied by information and signposting in community languages, alongside other relevant assistance and support.

9.125 The councillor also highlights the benefits of good continuity of care between maternity and early childhood services and expresses concern that closing services at Whittington Hospital would risk disrupting established relationships and place-based care for residents. They also support the potential investment in Whittington Hospital, including opportunities to engage with patients to co-design services and promote timely access to services, including among groups who typically book later in pregnancy. The councillor also feels option A is

preferable in terms of the workforce and patient modelling, noting increasing birth rates and pressures on capacity in North East London.

David Pinto-Duschinsky MP[64]

9.126 David Pinto-Duschinsky strongly opposes the closure of the birthing suites at Edgware Birth Centre and supports maternity services being maintained at Royal Free Hospital. He suggests that reducing capacity at Edgware Birth Centre does not make sense, on the basis of 16,000 new homes being built in or planned for the area and the fact that the facility has been rated as "Good" by the CQC. His suggested alternative is to invest in maintaining and staffing the centre appropriately.

9.127 He further suggests that the cumulative effect of closing services at both Edgware Birth Centre and Royal Free Hospital will be to "critically reduce" maternity services available to people in the Hendon Constituency, who will be forced to travel further, will have less choice, and may experience worse health outcomes. Concern is also expressed about the impacts on Barnet Hospital and Northwick Park Hospital if these experience a surge in demand.

9.128 David Pinto-Duschinsky also points out that the proposals seem predicated on an assumption that NWL ICB will not reduce its own maternity care footprint in future; however, it is unclear whether any such commitment has been made. He concludes by stating that the approach is being driven "by the need to save money in the face of an ever tighter squeeze on the NHS" but that closing units is not the solution to the long-term challenges being faced.

Jeremy Corbyn MP

9.129 Jeremy Corbyn MP appreciates the care that has gone into presenting the options and the meetings being undertaken to ensure the best outcomes for maternity and neonatal services. He supports the submission by Islington Labour (see above), supporting services being maintained at Whittington Hospital. He recognises the hospital's value and the level of expertise built up in the maternity unit and, during a recent visit, was very impressed by the dedication and enthusiasm of the senior management team responsible for the care of level two premature babies. Additionally, it is noted that Whittington Hospital deals with a substantial number of births, many with complications, and the resulting high level of knowledge and skill can only be achieved by a high throughput of patients.

Joanna McCartney AM

9.130 Joanna McCartney is very concerned about the possible closure of the maternity unit at the Whittington Hospital, highlighting the value that these services hold for her constituents, particularly in Haringey. She states it would be "devastating" for families if they were no longer able to have their babies locally and is also concerned about increases in travel times and costs at a time when many struggle to make ends meet.

Krupesh Hirani AM

9.131 As the London Assembly Member (AM) for Brent and Harrow, Krupesh Hirani feels the proposed closure of maternity services at Royal Free Hospital poses a significant threat to the well-being of expectant mothers and newborns in the area. He refers to excellent care provided at Royal Free Hospital, particularly by the Neonatal Intensive Care Unit. He also notes that changes to services at Central Middlesex Hospital have already reduced options for residents in the south of Brent and feels that the proposals will exacerbate this.

[64] David Pinto-Duschinsky was the prospective parliamentary candidate at the time he wrote this submission and was elected as a Member of Parliament after the consultation closed.

Concern is also expressed about the impacts of increasing numbers of births from London's growing population, and in particular the impact of the proposals on Northwick Park Hospital which is said to be already under pressure. He therefore urges that the proposals be reconsidered, on the basis that "once dismantled, resurrecting such crucial infrastructure is an arduous task, potentially jeopardising access to essential care for future generations".

Leader of Brent Council and other elected members

9.132 The Leader of Brent Council and other elected members (Cabinet Members as well as local MPs and AMs) write to outline their reservations about the proposals. They express disappointment at not having had a chance to have input into the proposals at an organisational level, feeling that local authorities, healthcare and national government must work together to address the issues faced.

9.133 While they recognise the challenges highlighted, such as staffing and funding shortages, they do not believe that the proposals offer an appropriate solution (the issues are attributed to issues such as austerity, staff burnout, stagnant wages and increases in the cost of living, particularly high rents in London).

9.134 The Members believe that the 'crux' of the issue lies in the need to modernise services, but that this cannot be achieved simply by service closures, which are also very challenging to reverse once implemented. It is felt that the actions being proposed should therefore be seen as a last resort rather than a primary solution.

9.135 Members note the consultation contains an option to upgrade the neonatal unit at Royal Free Hospital to level 2 status. While they recognise that funding such an upgrade would be challenging, they believe an approach "based on long-term investment and improvement" is far preferable to closing services and more likely to garner trust.

9.136 In the event of the NHS's preferred option going ahead, members would be concerned about increased demand at Northwick Park hospital, as well as exacerbating inequalities in access to healthcare – noting that women from low-income communities are already more likely to experience poor maternal and child health outcomes. The ICB is urged to consider accessibility issues including alternative transport and step-free access at local stations.

9.137 The response highlights the possibility of the impacts of the proposals being felt beyond NCL, emphasising the possible impacts on those who live outside NCL but choose to give birth within its hospitals, noting that Royal Free Hospital is a 'vital facility' for many within Brent. It is suggested that a more forward-looking plan would include joined-up plan for maternity services across both NCL and NWL. There is a concern about a lack of clarity over whether NWL ICB might reduce its own maternity capacity in the future.

Sarah Sackman MP[65]

9.138 Sarah Sackman MP opposes both options A and B and believes the ICB should instead consider a third option of upgrading the existing neonatal unit at Royal Free Hospital to a Level 2 unit, alongside investment in staffing and in the estates of both Royal Free Hospital and Whittington Hospital.

9.139 Citing the impact of Brexit as an example, she suggests that migration patterns in London are subject to short and medium-term changes and claims the consultation contains "insufficient" data about longer-term projections. She observes that other hospitals in the area already operate at capacity and feels it is unclear how the overflow of patients would be accommodated - noting firstly that Royal Free Hospital currently

[65] Sarah Sackman was the prospective parliamentary candidate at the time she wrote this submission and was elected as a Member of Parliament after the consultation closed.

absorbs overflow from both Barnet Hospital and UCLH maternity units, and secondly that the proposed improvements at the Whittington Hospital will likely take many years to implement. She also feels it is "illogical" to believe that the staffing challenges would be addressed by closing one of the units, suggesting instead that these need to be addressed by a long-term workforce plan and investment in training.

9.140 Sarah Sackman also notes that Royal Free Hospital provides many specialist services which are not all readily available elsewhere, including dialysis, interventional radiology and on-site cardiac intensive care. Stating that there needs to be as much emphasis on the care of women giving birth as on their babies', she notes that in 2023 there were 25 pregnant women in NCL who could only have received the care they needed at Royal Free Hospital. She feels that capacity, particularly for complex pregnancies, remains an issue despite the declining birth rate and feels it is unclear whether the c. 2,500 births per year at Royal Free Hospital can be accommodated safely elsewhere.

9.141 Concern is expressed about the potential for the proposal to widen health inequalities, which it being noted that:

- Asian pregnant women are more than twice as likely to suffer from diabetes in pregnancy, and it is unclear their needs could be met at hospitals other than Royal Free Hospital as things stand
- longer journeys will incur increased costs that will be harder for poorer families to absorb
- the unit at Royal Free Hospital makes culturally appropriate provision for the local Jewish community (e.g. access to a Sabbath room and kosher meals) and it is trusted by that community to provide excellent care

Tulip Siddiq MP

9.142 Tulip Siddiq MP recognises the need for services to be reviewed but is concerned that closing maternity and neonatal services at Royal Free Hospital "will serve only to widen health inequalities, and inhibit access to vital, life-saving services". The hospital is said to be cherished by the local community, as reflected in scale of the response to a petition she has organised.

9.143 Staff are said to have many concerns about the proposals impacting on the provision of holistic and cross-disciplinary care at Royal Free Hospital, much of which is unavailable at any other hospital in the local area (including dialysis services, 24/7 interventional radiology services, specialist liver and renal transplant services, and on-site cardiac intensive care). The submission highlights three areas in particular:

- **HIV services**: the specialist HIV antenatal clinic at Royal Free Hospital is said to be the leading service of its kind in London, offering excellent care to many very vulnerable people. The prevention of vertical transfers of HIV between mothers and babies is said to require extensive cross-disciplinary care, which at Royal Free Hospital is combined with a holistic service combining maternal and antenatal care with psychological support. Concern is expressed that, were the maternity service at Royal Free Hospital to close, there would be a greater risk of women with HIV disengaging from care after having their babies
- **Diabetes services**: Royal Free Hospital's provision for pregnant women and new mothers is described as exceptional, including the dialysis service. Moreover, it is noted that many women who develop diabetes during pregnancy "often get it very aggressively and, thus, require very specific and more regular care" – which, it is suggested, is more likely to be readily available at Royal Free Hospital than at Whittington Hospital

- **Interventional radiology services:** Royal Free Hospital is the only hospital in NCL that offers these services 24/7, which is said to be critical as incidents of severe bleeding around labour can be unpredictable and occur out-of-hours. As such, some patients at the Whittington who require the service would need to be transferred to Royal Free Hospital however, it is suggested that many of these patients might not be stable enough for transfer

9.144 There is concern that the proposals will therefore increase maternal mortality, and Tulip Siddiq suggests that maternal safety has not been adequately considered in formulating the proposals. She is also concerned about health inequalities being exacerbated, noting for example that diabetes disproportionately affects women from deprived and ethnic minority backgrounds.

9.145 Possible alternative hospitals, including St Mary's Hospital and Northwick Park Hospital, are described as being a long distance away and difficult to access via public transport for many constituents. Tulip Siddiq also queries whether these hospitals will be able to absorb the additional patients from Royal Free Hospital, whereas Royal Free Hospital is also said to regularly absorb overflow from other hospitals including Barnet Hospital and UCLH.

9.146 Tulip Siddiq also notes that while the birth rate has declined, the number of complex pregnancies and births is increasing, and she therefore feels the "unique" specialist services provided by Royal Free Hospital are more important than ever. She cites the opinion of medical staff that the number of births at Royal Free Hospital has decreased because of the 'downgrade' of its neonatal unit and also suggest that the decline in birth rates is partly attributable to COVID-19 and may therefore increase in future.

Other officials, organisations, and community groups

Ex-chair of Maternity and Neonatal Voices Partnership (MNVP) – endorsed in a separate submission by all NCL MNVP chairs

9.147 The ex-chair expresses deep concern about the proposed closure of NCL's only standalone midwife led birth unit at Edgware Birth Centre. They state that women who have used the service report five-star care and describes it as a "beacon" of personalised care. Its closure is described as an "affront" to the choices of women, noting that the majority would prefer to have a low-medicalised birth, assisted by midwives in a home-from-home setting. It is suggested that Edgware Birth Centre needs to be better resourced and advertised more widely, rather than closed.

9.148 Concern is expressed that many in the local area appear to be unaware of the proposals, and the ICB is therefore urged to extend the timeframe and reach of the consultation.

Healthwatch Islington and Islington Somali Community

9.149 The response from Healthwatch Islington/Islington Somali Community understands the rationale for consolidating at fewer sites given the falling birth rate, particularly if investment is also required to modernise services. It understands that funding has been allocated to redevelop the maternity wing at Whittington Hospital and that work is already underway, in which case, it would seem odd to close the service.

9.150 From an Islington perspective, it is stated that closing the Whittington Hospital would have a greater impact on residents than closing Royal Free Hospital. The response also suggests it is more likely to impact negatively on continuity of care, given that Whittington Health provides health visiting and community nursing services to local people. Additionally, it is noted that Whittington Hospital can already support level 2 neo-natal care for premature and unwell babies and there would be less upheaval for staff if its services are maintained.

9.151 Healthwatch Islington hopes that consolidating services could support more births. It understands that the ICB identifies staffing as a high priority within its People Strategy and hopes that the proposals can address the issues, but also recognises that some of these are due to wider factors.

9.152 It is felt that, should the Whittington close, investment would be needed in high quality information and signposting, to mitigate the risk of exacerbating existing inequity – particularly in light of high levels of deprivation and a high density of Black African (including Somali) and Black Caribbean women given that these groups experience poorer maternity outcomes.

9.153 Finally, the response acknowledges low birth numbers at Edgware Birth Centre and accepts there may be some rationale for closing the birthing suites.

Manor Gardens Welfare Trust (MGWT)

9.154 MGWT is an Islington health and welfare charity that has pioneered services to improve the health outcomes of families experiencing disadvantage, including perinatal support for women from refugee, asylum seeking and minoritized backgrounds.

9.155 MGWT believes that closing the maternity unit at Whittington Hospital would have a disproportionately negative impact on women and babies from minority backgrounds, and especially communities affected by Female Genital Mutilation (FGM). It refers to Whittington Health's considerable expertise, built up over many decades, in supporting survivors of FGM and ensuring improved perinatal outcomes for both mothers and their children. Women who have experienced FGM suffer complex trauma and MGWT believes that maintaining trust between patients and service providers is of paramount importance in ensuring that women attend appointments and access services in a timely way. It is also noted that Whittington Hospital serves ethnically diverse communities in the north of Islington, which are more likely to be impacted by longer journeys due to language barriers.

9.156 In support of maintaining services at Whittington Hospital, the response also highlights points raised elsewhere, such as: the number of Islington residents who would be impacted, the importance of ensuring continuity of care between hospital services and those in the community, Whittington Hospital's neonatal unit already having level 2 status, and less upheaval for the workforce.

9.157 The response acknowledges the low numbers of births at Edgware Birth Centre and accepts the rationale for the proposal affecting the Centre.

Maternity and Neonatal Voices Partnership (MNVP), Royal Free London NHS Foundation Trust

9.158 The MNVP strongly disapproves of the proposed closure of Edgware Birth Centre's birthing suites and Royal Free Hospital maternity unit. It suggests that the decision to close these units prioritises financial efficiencies over the quality of care provided to mothers and newborns. While acknowledging the challenges in healthcare management, the Partnership believes that compromising maternity care accessibility and quality is not the solution.

9.159 The Partnership feels that the proposed model of care fails to recognise the intricate realities of maternity care provision, underestimating the impact on the community and the strain it places on remaining facilities. Instead of closing maternity units, the Partnership advocates for redirecting resources towards upgrading existing facilities, implementing sustainable staffing strategies, and maximising the use of birth centres. This, it feels, would avoid exacerbating existing disparities in access to care.

Jewish Chaplain, Chaplaincy-Spiritual Care, Royal Free London NHS Foundation Trust

9.160 The Jewish Chaplain at Royal Free Hospital has been asked by members of the community to contribute his ideas on how closing the maternity unit at Royal Free Hospital might affect Jewish patients. He suggests the main impact would be the loss of understanding and "sensitivity to cultural religious nuances" developed over the years. He adds that he hasn't encountered the same awareness in his limited dealings with Whittington Hospital.

9.161 Moreover, it has taken considerable time to develop Royal Free Hospital's chaplaincy team and to develop provision for Jewish families, including a Shabbat Room, kosher food cupboards and accommodation for families unable to travel during the Sabbath. These have been developed by Jewish patient support services charity Ezra Umarpeh and the Jewish Chaplain recommends that the ICB engage with this organisation if it has not already done so.

Red Cell Network Haemoglobinopathy Coordinating Centre

9.162 The Red Cell Network expresses deep concern about the possible closure of maternity and neonatal services at Whittington Hospital, stating that these play an 'indispensable role' in ensuring the health of mothers and babies with red cell disorders. Noting that no haemoglobinopathy services currently operate out of Royal Free Hospital, the Network expresses concern that redistributing patients to other specialist centres will disrupt commissioning arrangements across the affected Trusts, as well as adding to travel distances and costs.

9.163 Many red cell patients are said to be vulnerable, due to low incomes or living in deprived parts of NCL. The Red Cell Network is concerned that reducing accessibility for this group may increase disengagement, reduce continuity of care, and hinder the development of trusting relationships between pregnant patients and healthcare providers.

9.164 Whittington Health is also said to be actively trying to improve community healthcare services for red cell patients and to have recently received funding to do this. On this basis, it is felt that closing maternity services at Whittington Hospital would send a mixed message to patients. The Network therefore strongly advocates for the NHS's preferred option i.e. option A.

10. Petitions

Introduction

10.1 This chapter summarises the findings from five petitions, in addition to one standardised letter, that were organised during consultation, and one locally organised questionnaire that occurred prior to the formal consultation period.

Note on petitions

10.2 The petitions and similar responses summarised in this chapter are clearly important in indicating public anxiety about important aspects of the consultation proposals, and so decision-makers must treat them seriously. Petitions should never be disregarded, for they indicate strong local feelings on specific issues.

10.3 Nonetheless, it should also be noted that petition statements seldom provide detailed information explaining the specific proposals under consultation; nor do they tend to direct potential signatories toward available sources of information to consider before deciding whether or not to sign. Petitions can therefore somewhat exaggerate general public sentiments, particularly if organised by motivated opponents to change. These observations are not intended to undermine the sentiments expressed, but rather to provide a context within which petitions might be interpreted.

Royal Free Hospital Obstetrician, via Change.org (1st February 2024, c. 3,850 signatures)

10.4 An obstetrician at Royal Free Hospital organised a petition with the following statement:

> **Save Maternity at the Royal Free Hospital**
>
> There are plans to close down the Royal Free Hospital maternity unit in Hampstead. This will limit access to essential maternity care for women and birthing people.
>
> For decades, the Royal Free Hospital has provided specialist maternity services, that are otherwise unavailable. This unit has helped women with renal and liver transplants, severe and rare bleeding disorders, and other significant medical conditions.
>
> Closing the Royal Free Maternity Unit would mean an end to these services, further compromising maternity care for all in London.
>
> Closing down the unit will have a knock-on effect on surrounding maternity units; it will increase waiting and travel times, whilst decreasing the number of services available.
>
> A public consultation is currently open and closes on 17th March 2024.
>
> **Help save your local maternity unit before it is too late.**

10.5 Many signatories provided comments supporting maternity provision at Royal Free Hospital and felt that no cuts should be made to maternity services.

10.6 Some suggested that Royal Free Hospital is a major tertiary centre for many medical specialities and that it is better for a maternity unit to be maintained for occasions when pregnant people need specialized services

and ICU. Some also questioned whether or not pregnant people could in future be admitted to the Emergency Department (A&E) at Royal Free Hospital, if there were no on-site maternity unit and expertise.

Catherine West, MP for Hornsey & Wood Green (1,458 signatures)

10.7 Catherine West, MP for Hornsey & Wood Green, organised a petition signed by local residents that gained 1,458 signatures: www.catherinewest.org.uk/latest-news/2024/02/07/watch-maternity-services-at-the-whittington

> **Save the Whittington Maternity Unit**
>
> We, the undersigned, oppose the closure of the maternity unit at the Whittington Hospital, used by so many families in Hornsey & Wood Green. We want the unit to stay open so it can continue providing expert care to mothers and their babies during such an important time.

10.8 Many signatories provided comments praising the maternity care they had experienced, and how much they valued the proximity and quality of services at Whittington Hospital.

Tulip Siddiq, MP for Hampstead and Kilburn (555 signatures)

10.9 Tulip Siddiq, MP for Hampstead and Highgate, organised an online petition www.tulipsiddiq.com/2024/01/26/save-the-royal-free-hospitals-maternity-unit:

> **Save the Royal Free Hospital's Maternity Unit**
>
> As you may know, local health chiefs have made proposals to close our much beloved maternity and neonatal unit at the Royal Free Hospital. I am campaigning very strongly against this proposal as this is very important to me and many of my constituents, and I'm writing to you to ask you to join me in fighting to save the Royal Free's maternity unit if you feel the same way.
>
> The Royal Free Hospital is at the heart of the community of Hampstead and Kilburn. It is a jewel in the crown of my constituency and a huge source of pride for me as the local MP. It has a special place in my heart as the birthplace of my children; and in the hearts of so many of my constituents who were either born there or had children there.

10.10 Tulip Sidiq provided an information sheet that included links to the online consultation questionnaire and to her own petition, as well as outlining some points that respondents could choose to include in their response. She encouraged residents to complete both the consultation questionnaire, as well as her petition, to demonstrate that "the community is against the closure of this wonderful maternity unit"; the petition gathered 555 signatures.

Islington Labour (1,158 signatures)

10.11 The Islington branch of the Labour Party organised a petition islington-labour.org.uk/whittington-maternity-unit and reported 1,158 signatures. The petition statement read as follows:

> **Save Whittington's Maternity Unit**
>
> The Whittington's Maternity Unit is under threat of closure. The North Central London Integrated Commissioning Board (ICB) has launched a consultation which contains two options: one of which proposes the closure of the maternity unit at the Whittington Hospital in Archway.

> Islington Labour are campaigning to keep the unit open so it can continue providing expert care to mothers and their babies during such an important time. Join us by signing the petition below.

Camden Green Party (389 signatures)

10.12 Councillors Lorna Jane Russell and Benali Hamdache, both of Camden Green Party, organised a petition at actionnetwork.org/petitions/save-our-maternity-units-in-north-london, as well as encouraging residents to complete the formal ICB consultation questionnaire.

10.13 The petition gained 389 signatures and the petition statement is shown below:

> **Save Our Maternity Services**
>
> The NHS North Central London Integrated Care Board (NCL ICB) is proposing to close a maternity unit in North London - either at the Royal Free Hospital in Hampstead (the preferred option) or at the Whittington Hospital in Archway.
>
> We are extremely concerned about what this will mean for local parents, who will have to travel further, and potentially wait longer, for crucial maternity appointments and services.
>
> We are also concerned about the impact that the closure would have on the nurses, midwives, and doctors working in the units.
>
> We know that having a strong foundation during pregnancy and childbirth significantly shapes life outcomes and contributes to the reduction of health disparities. Ensuring that every family in North London has access to high quality maternity services is therefore critical.
>
> We urge the NCL ICB to think again and keep every maternity unit in North London open.

Royal Free Maternity & Neonatal Voices Partnership (MNVP) Survey (findings from a locally organised questionnaire, launched and concluding in April 2023, prior to the ICB's formal consultation)

10.14 Royal Free London Maternity & Neonatal Voices Partnership (RFL MNVP) designed a questionnaire to canvass views of women and families in the area. The questionnaire focused predominantly on the suggestion that the Edgware Birth Centre (EBC) could potentially be closed[66] and responses were gathered between 22nd February and 14th April 2023, approximately 8 months prior to the launch of the public consultation on the final proposals.

10.15 It should be noted that a separate, formal response to the public consultation from RFL MNVP was received and is reported in the written submissions chapter of this report (Chapter 9).

10.16 RFL MNVP provided a report of the findings from its 2023 questionnaire, based on 373 responses from, "women, birthing people, partners and family members". The summary report was provided to the ICB for consideration and the key findings are summarised briefly below. These highlighted:

- that the majority of respondents who had experienced pre-natal care and births at Edgware rated their experience as five star, demonstrating the positive views of care provided at EBC

[66] It should be noted that this is slightly different from the ICB's final proposal that only the birthing suites at EBC should be closed, with antenatal and postnatal care continuing to be provided at Edgware Community Hospital]

- concern that there had [at the time] been insufficient awareness and consultation around the possible closure of EBC
- concern that the consequences, if EBC were closed, had not been thoroughly examined, and would result in a reduction of choice in birthing options and personalised care for pregnant women and people
- that EBC provides an optimal choice for those who want a low-medicalised birth experience, and that closure would force people into making a choice they were not comfortable with: between home birth or a birth in a hospital setting, with no in-between
- that if EBC were closed, it would also result in increased travel time and costs for people accessing other pregnancy-related services, which could impact safety or cause people to opt out of NHS care altogether

Keep our NHS Public (template letter signed and submitted by 113 individuals)

10.17 A local campaign group, Islington Keep our NHS Public, attended the Nag's Head shopping centre in Holloway on 9th March. They drafted a letter and invited shoppers to sign copies. 113 individuals signed copies of the letter, and these were submitted to ORS for inclusion in the consultation analysis.

10.18 The pro forma letter expressed concern about any reduction in the number of maternity units and asserted that it was connected to under-funding and staffing conditions within the NHS.

Response to consultation

I was shocked to find that you were undertaking a public consultation on cutting one of the five obstetric-led maternity units in our area, with either the Whittington or the Royal Free due for the chop.

The health service regulator, the Care Quality Commission, has said recently that 70% of the nation's maternity units are below an acceptable standard. One of the problems is the fact that there are not enough midwives, as their terms and conditions are causing many to leave the profession. I assume this cut is about trying to make the best of a bad job by forcing midwives in the unit that is being closed to move to one of the other four. And I assume that a decade's under-investment in facilities has forced you to spend the promised £40m to improve things.

You say that the birth-rate is falling but, unless you assume that the current cost of living crisis is permanent, we may well find babies whose arrival has been delayed will start to be born in greater numbers and then we will not have enough space in our maternity units.

I protest about the under-funding of the NHS and the appalling staffing policies that have left us in this mess, but you demand that we make our choice between these two units.

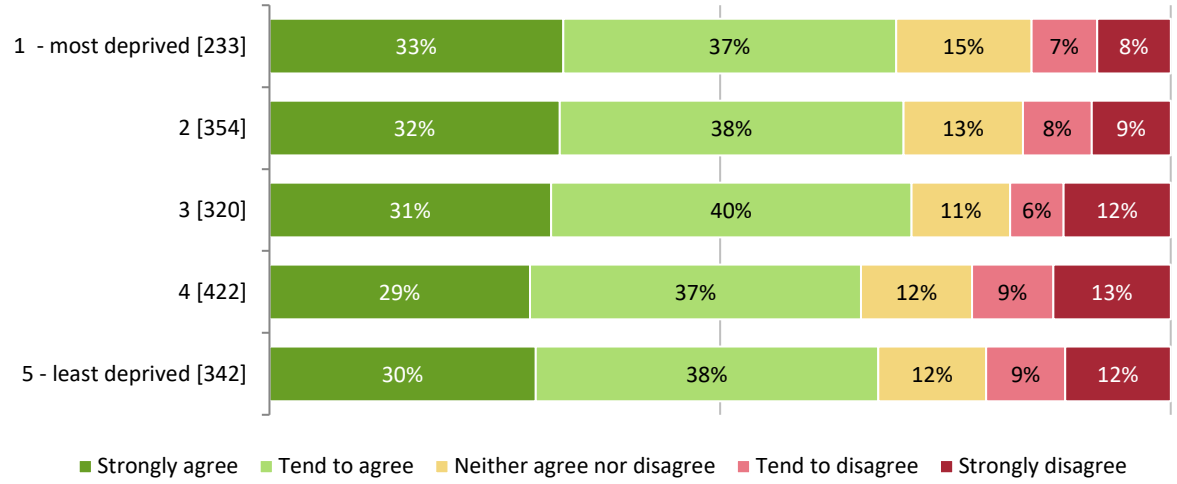
It is with a heavy heart that I respond to your actual questions by favouring the options that keep the Whittington Maternity Services open. I believe this is the option that has the least bad impact on health inequalities. Please pass on my apologies for this choice to the mothers who would have used the Royal Free.

Appendix I: Table of figures

Appendix II: Breakdowns of questionnaire responses

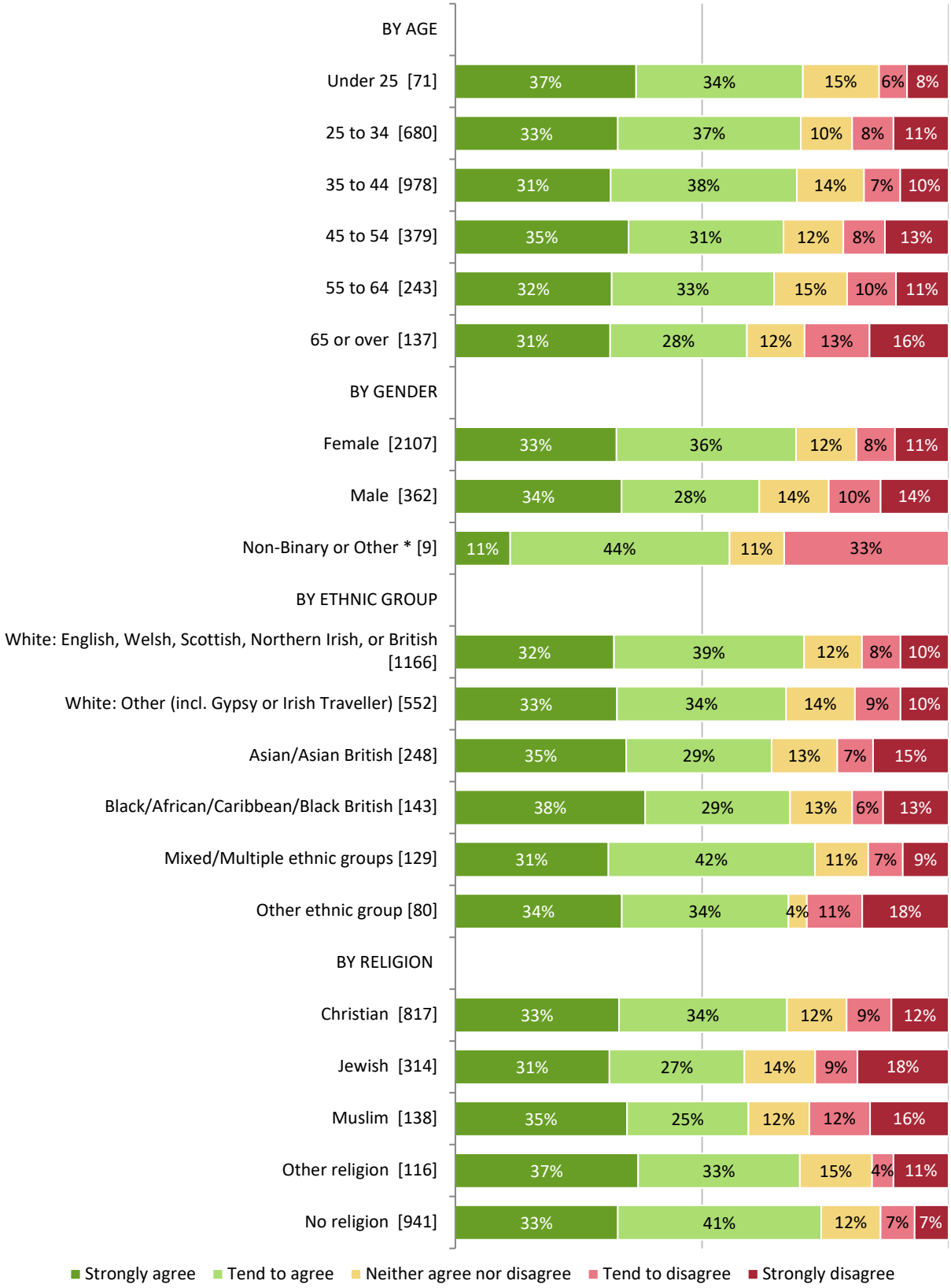
The charts in this appendix provide detailed breakdowns of views expressed in response to closed questions (agree/disagree) in the consultation questionnaire, as discussed and referenced in Chapter 2 of this report.

Figure 29: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



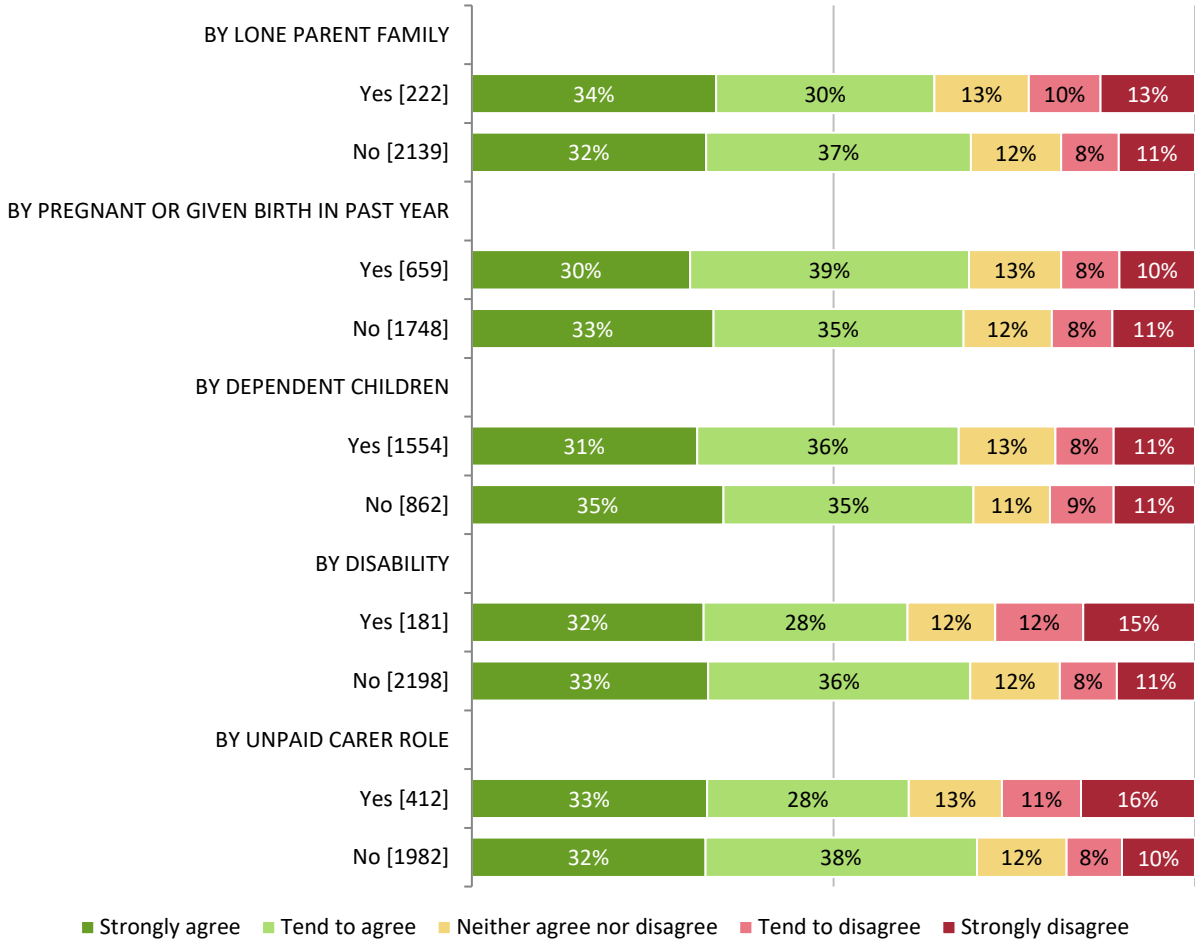
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 30: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges?]? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



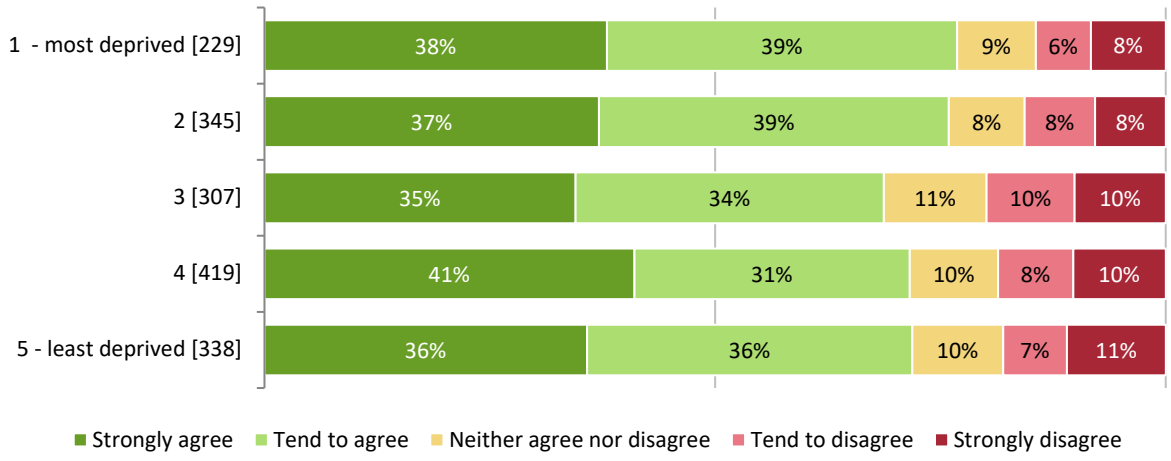
Base: Number of respondents shown in brackets (excludes 'don't know' responses). * The low number of those identifying as 'Non-binary or Other' means that caution is required when attempting to draw wider conclusions.

Figure 31: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



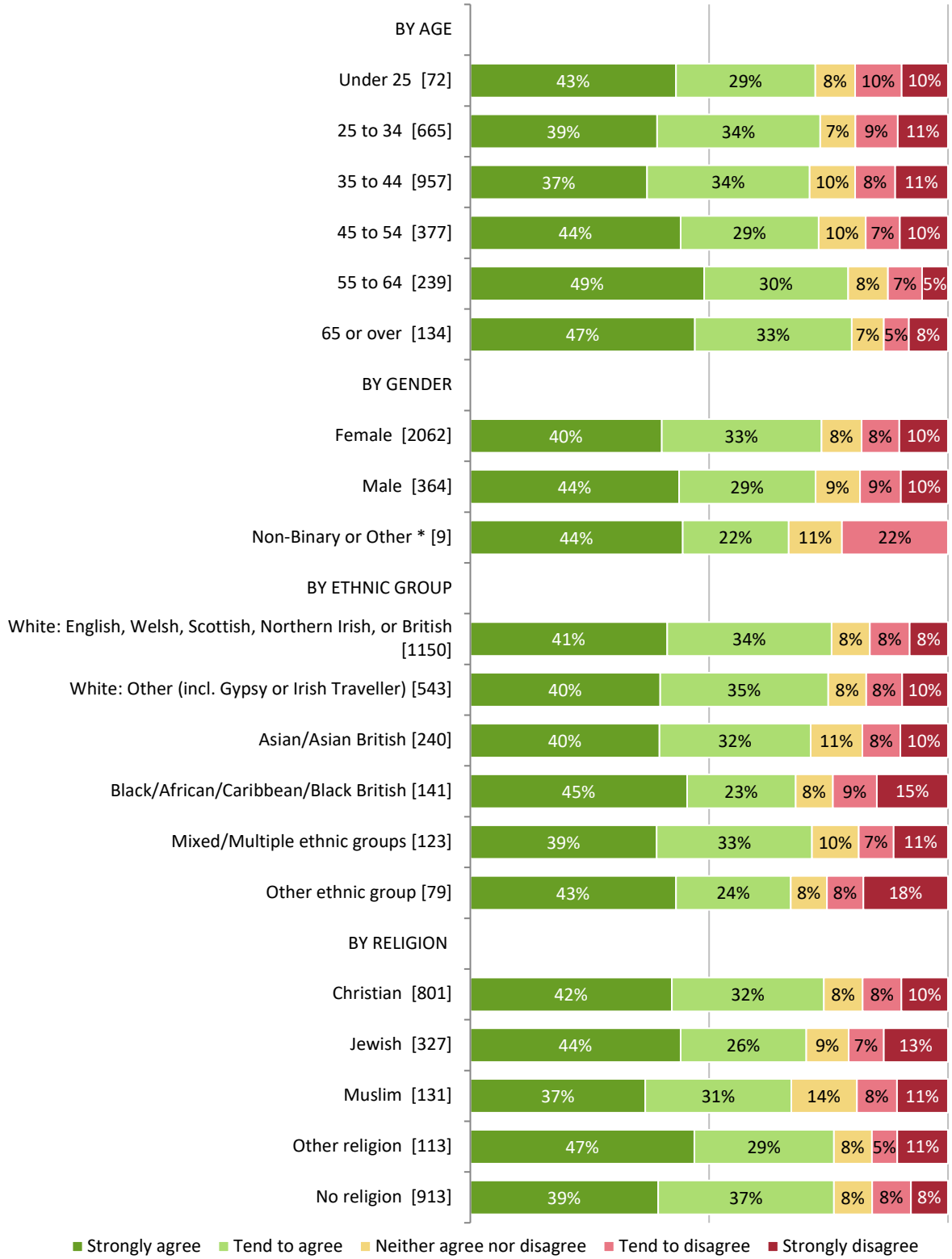
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 32: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



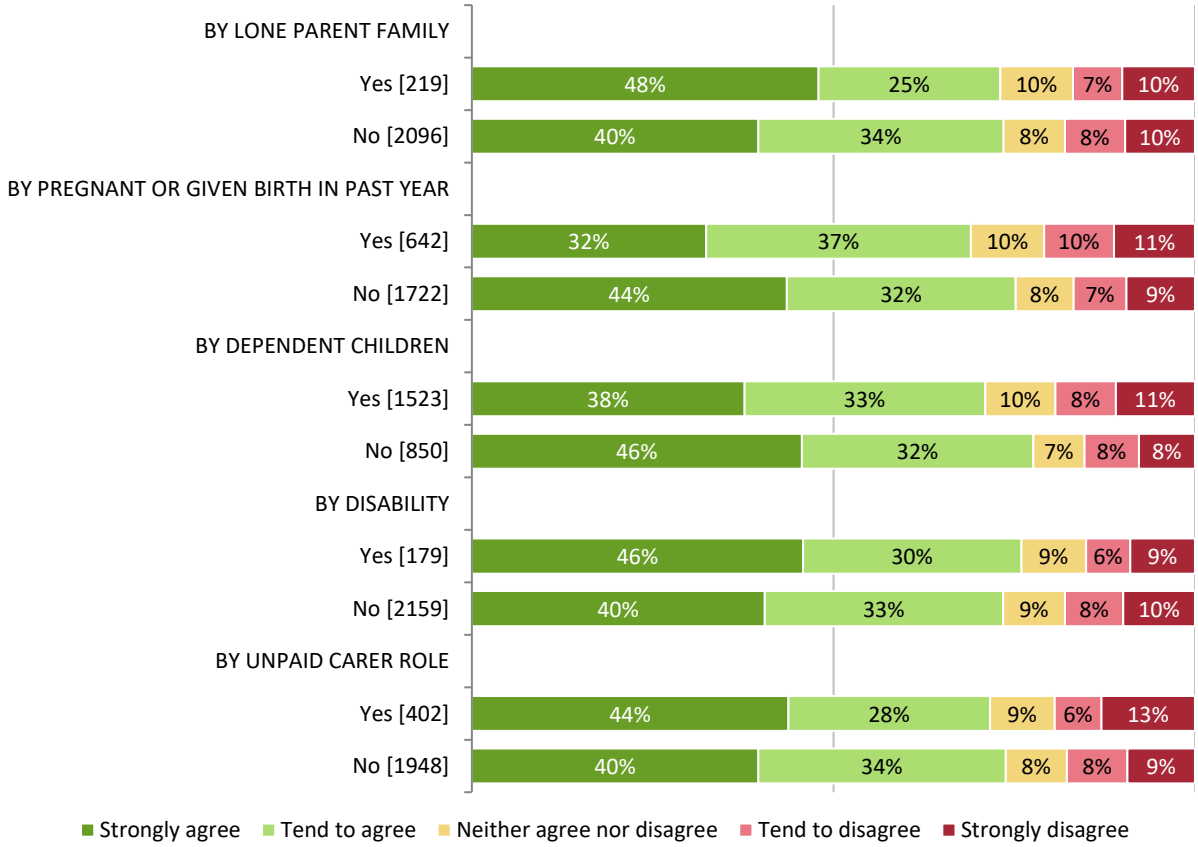
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 33: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)?]? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



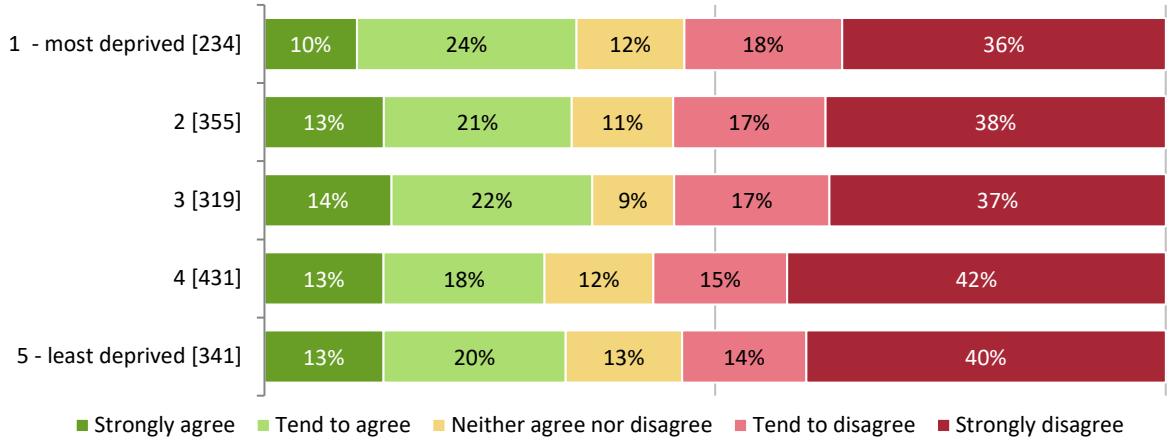
Base: Number of respondents shown in brackets (excludes 'don't know' responses). *The low number of those identifying as 'Non-binary or Other' means that caution is required when attempting to draw wider conclusions.

Figure 34: To what extent do you agree or disagree with the proposal that all neonatal units in North Central London should offer the same minimum level of neonatal care (level 2)? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



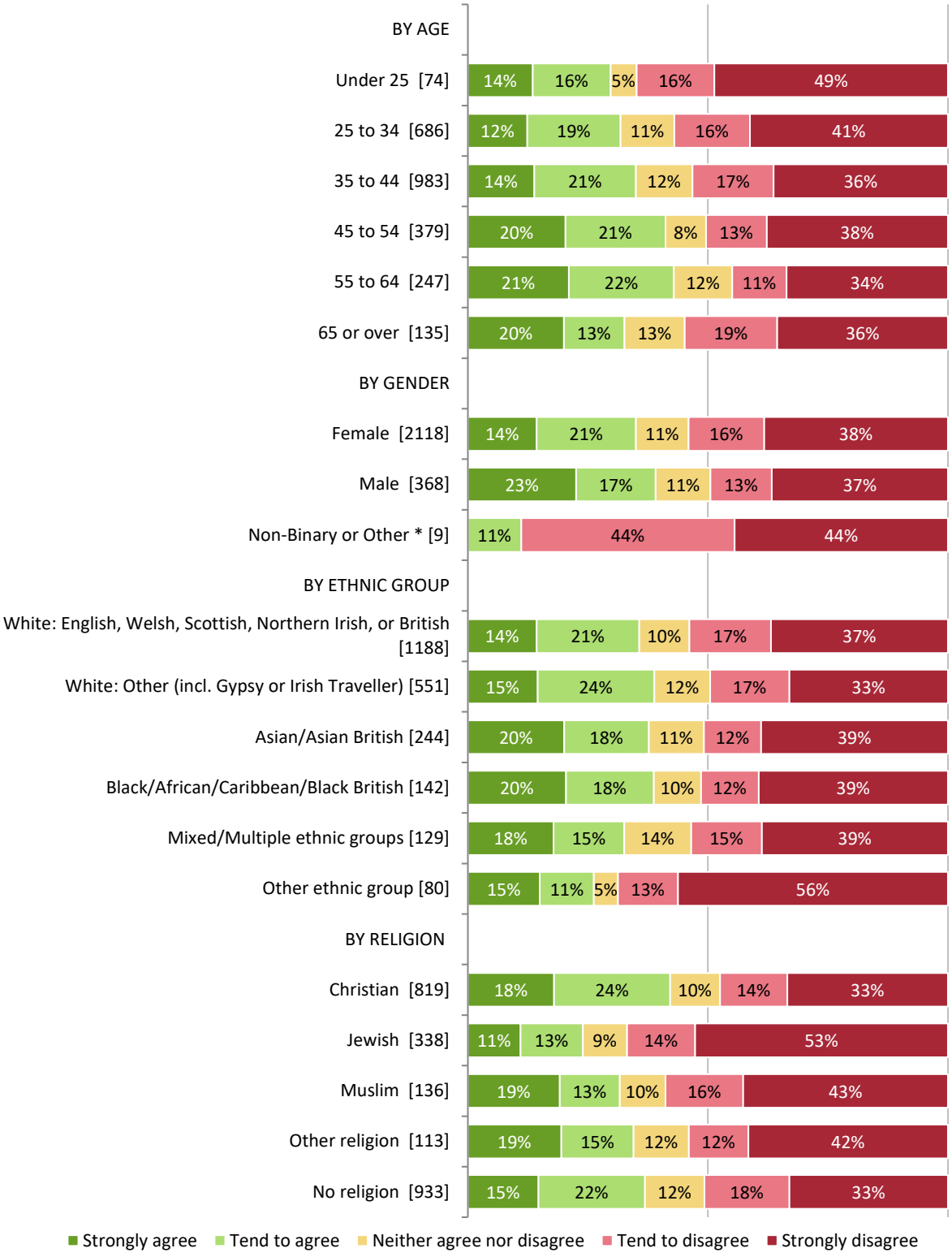
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 35: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



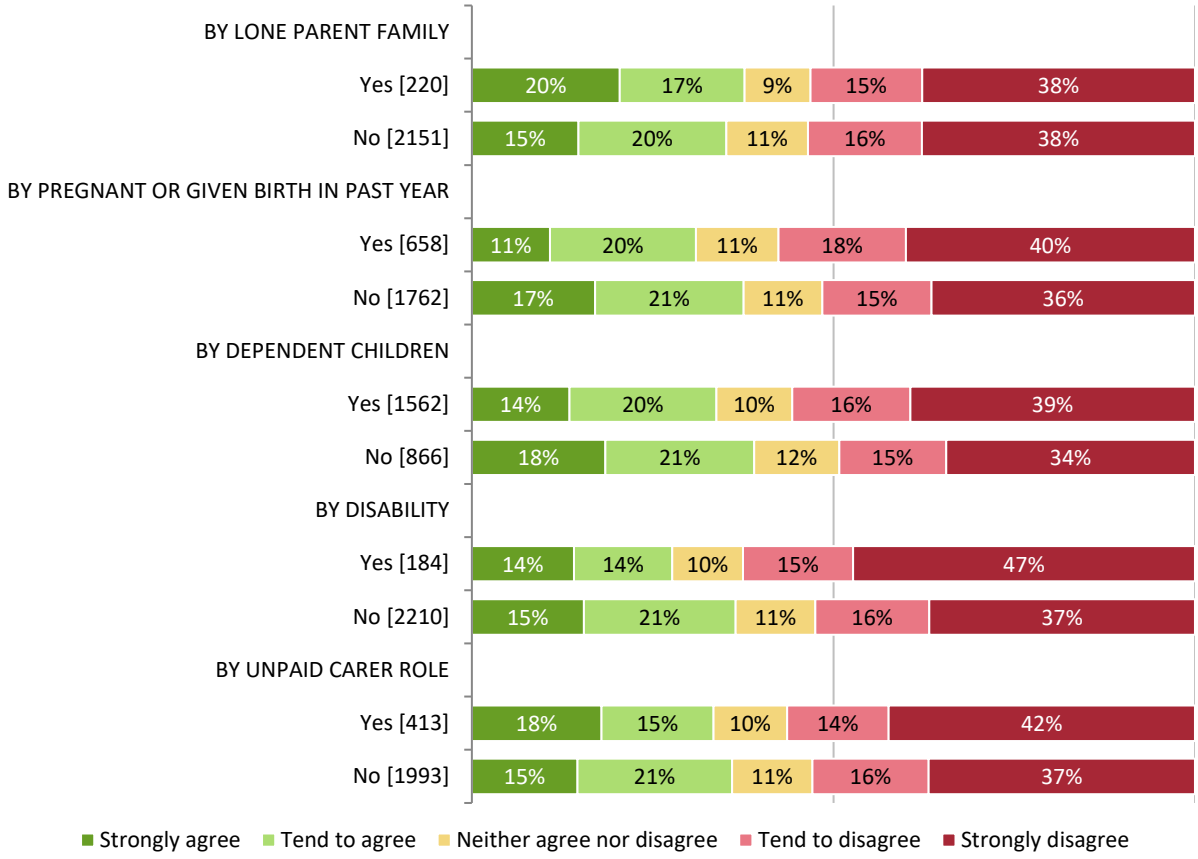
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 36: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five?]? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



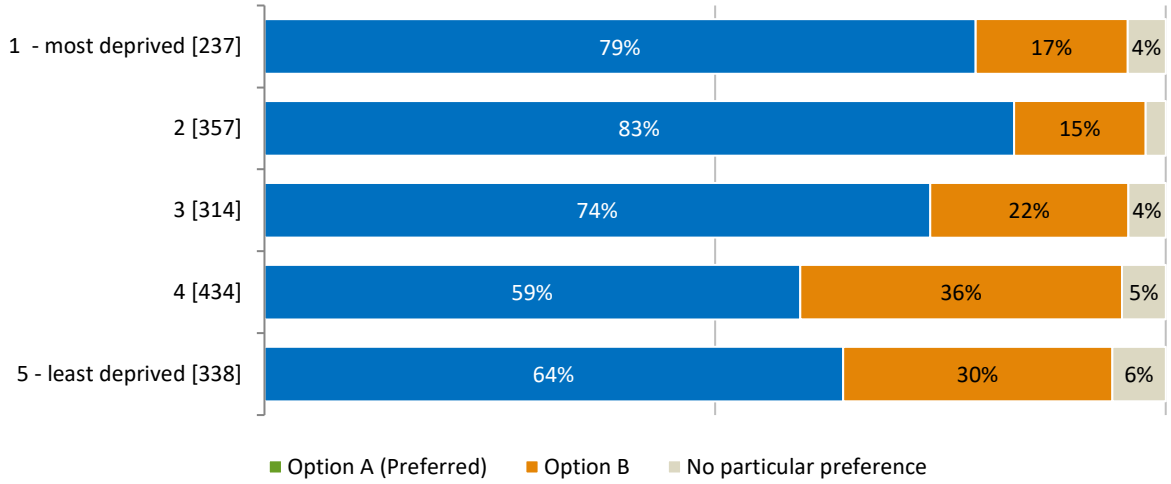
Base: Number of respondents shown in brackets (excludes 'don't know' responses). * The low number of those identifying as 'Non-binary or Other' means that caution is required when attempting to draw wider conclusions.

Figure 37: To what extent do you agree or disagree with the proposal that maternity and neonatal services in North Central London should, in future, be provided at four hospital sites, rather than five? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



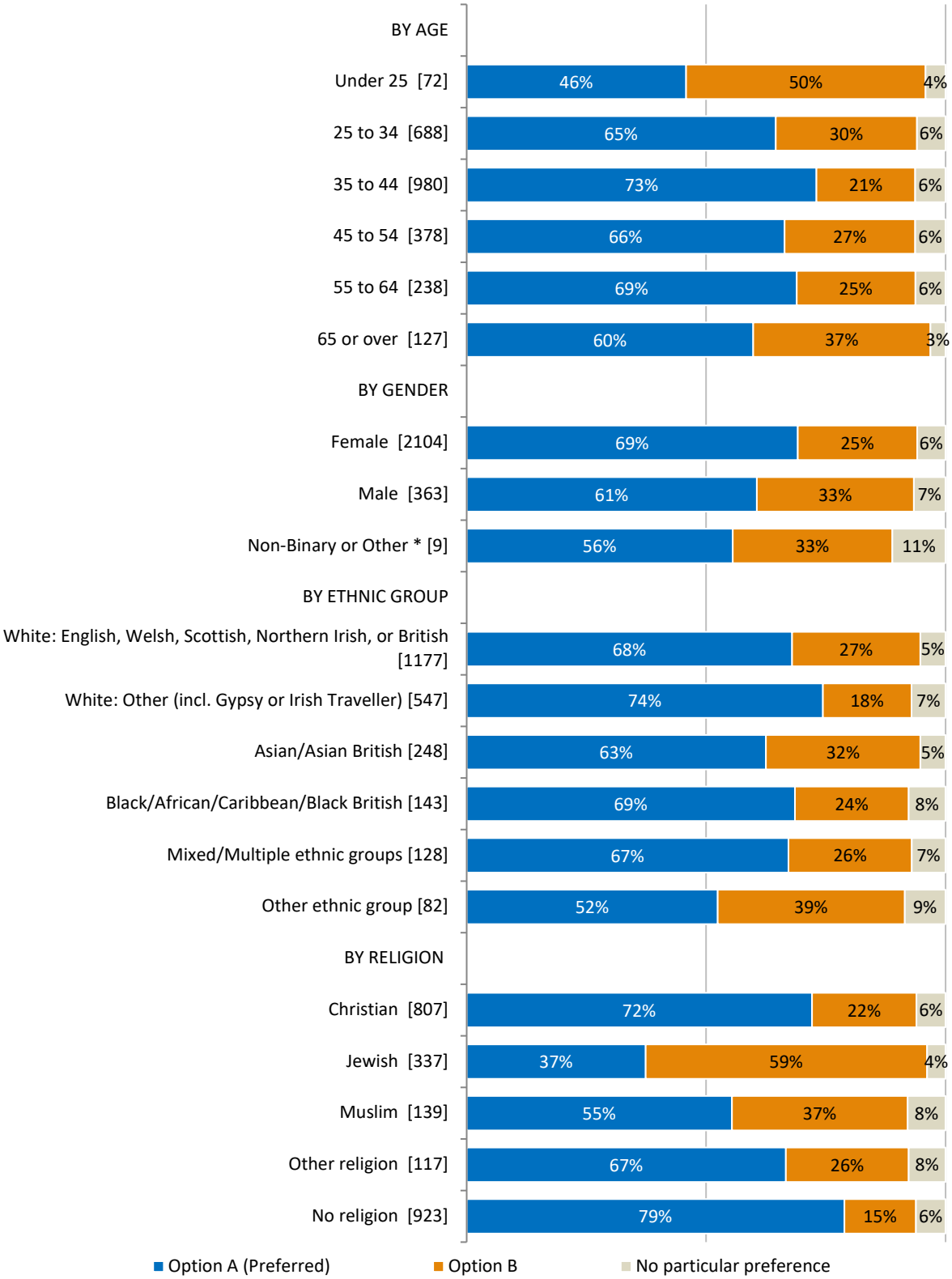
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 38: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



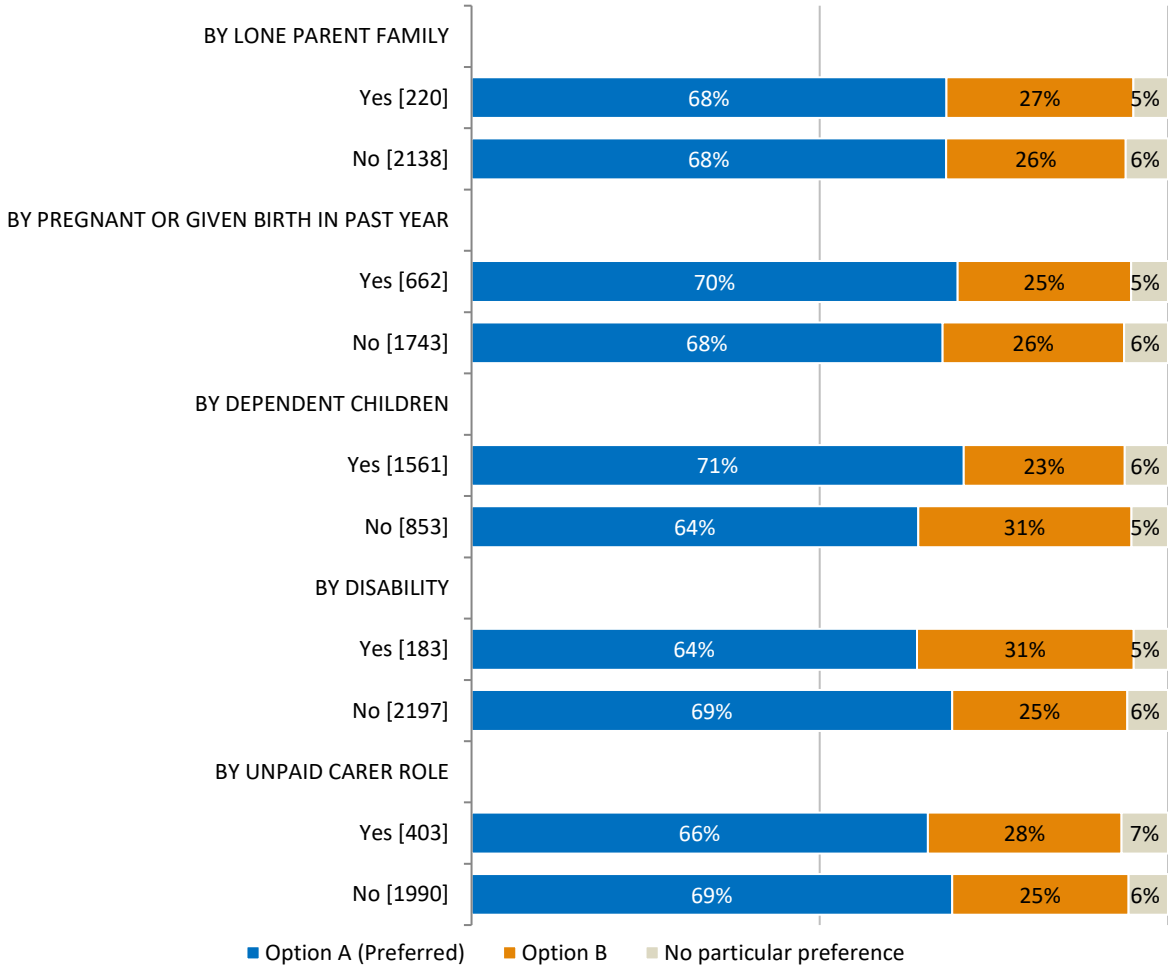
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 39: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer?]? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



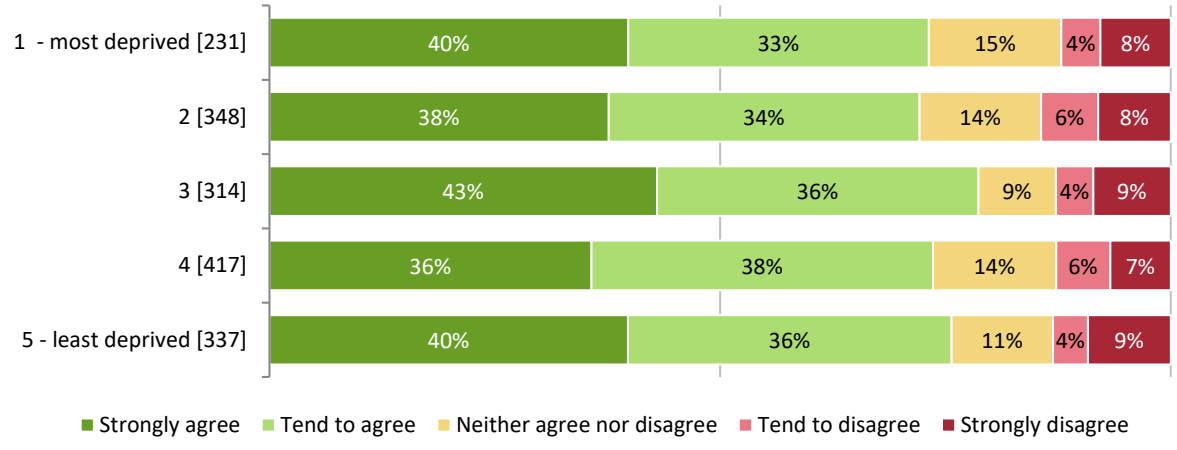
Base: Number of respondents shown in brackets (excludes 'don't know' responses). * The low number of those identifying as 'Non-binary or Other' means that caution is required when attempting to draw wider conclusions.

Figure 40: If maternity and neonatal services were provided at four rather than five hospital sites, which option do you prefer? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



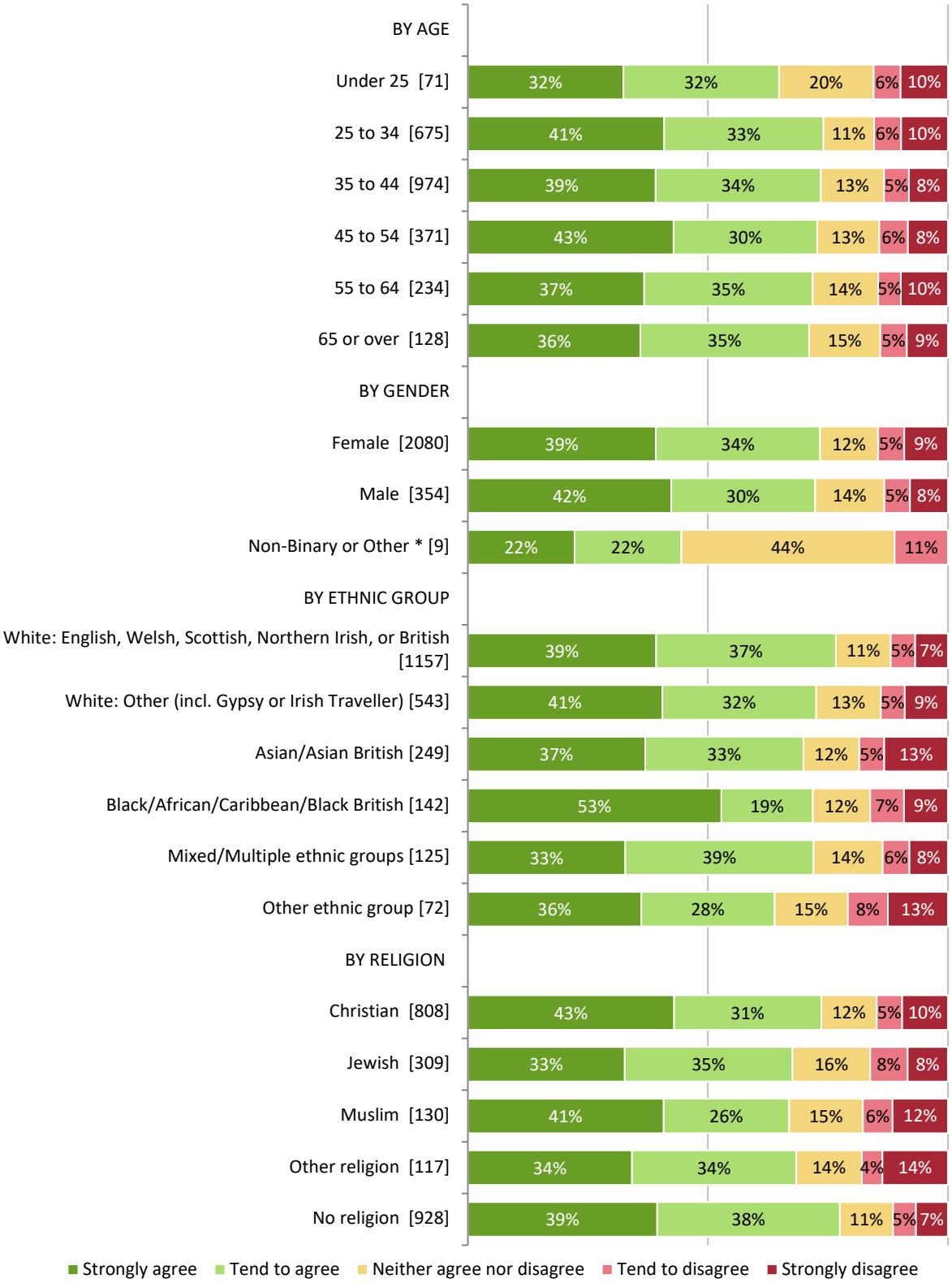
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 41: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges [related to the birthing units at Edgware Birth Centre]? BY IMD QUINTILES (individual questionnaire respondents only, where postcodes were provided)



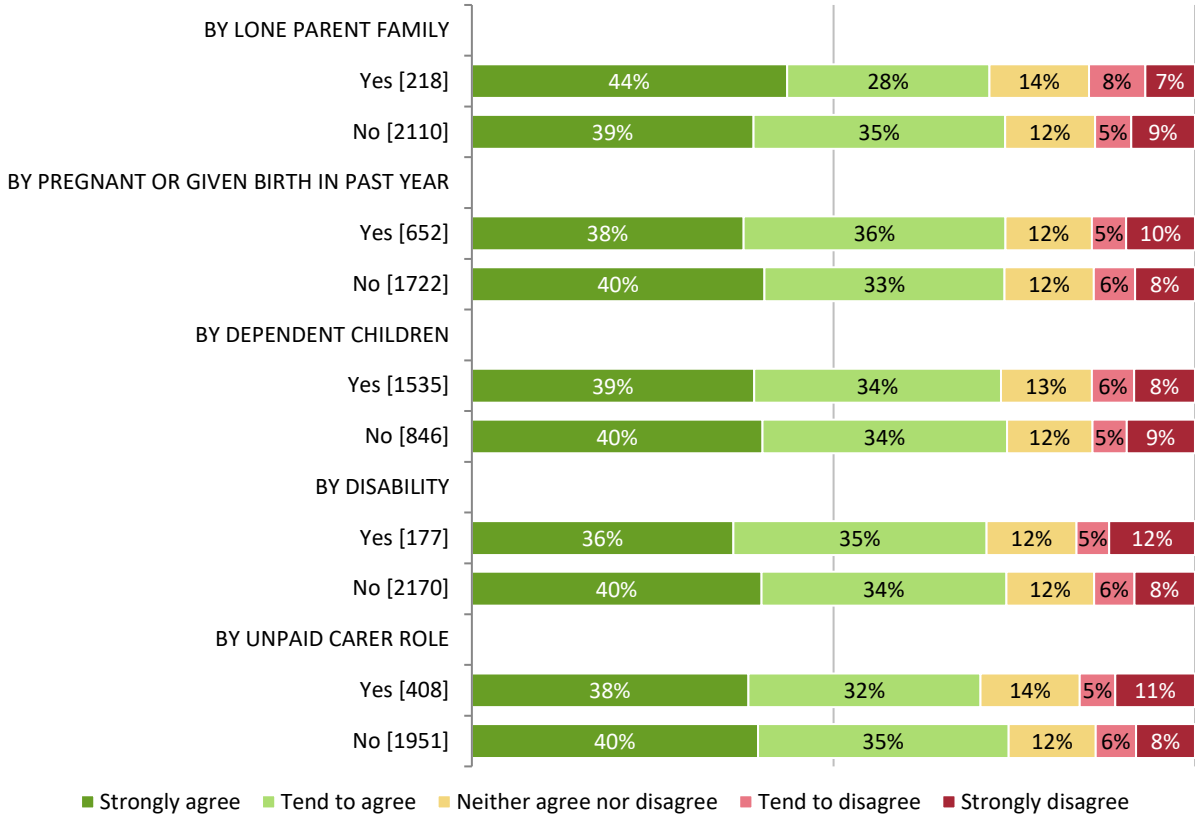
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 42: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges [related to the birthing units at Edgware Birth Centre]? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



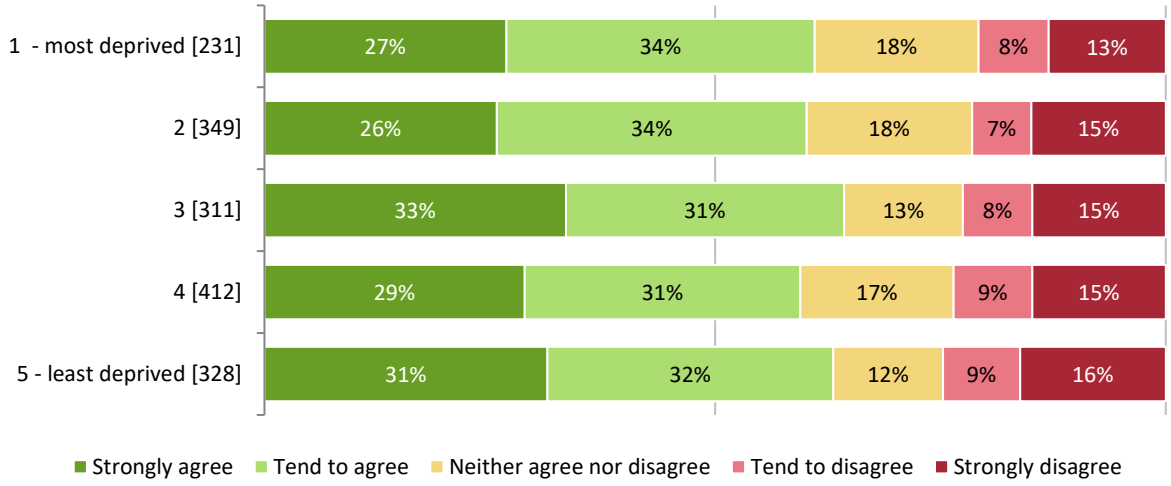
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 43: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to respond to these challenges [related to the birthing units at Edgware Birth Centre]? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



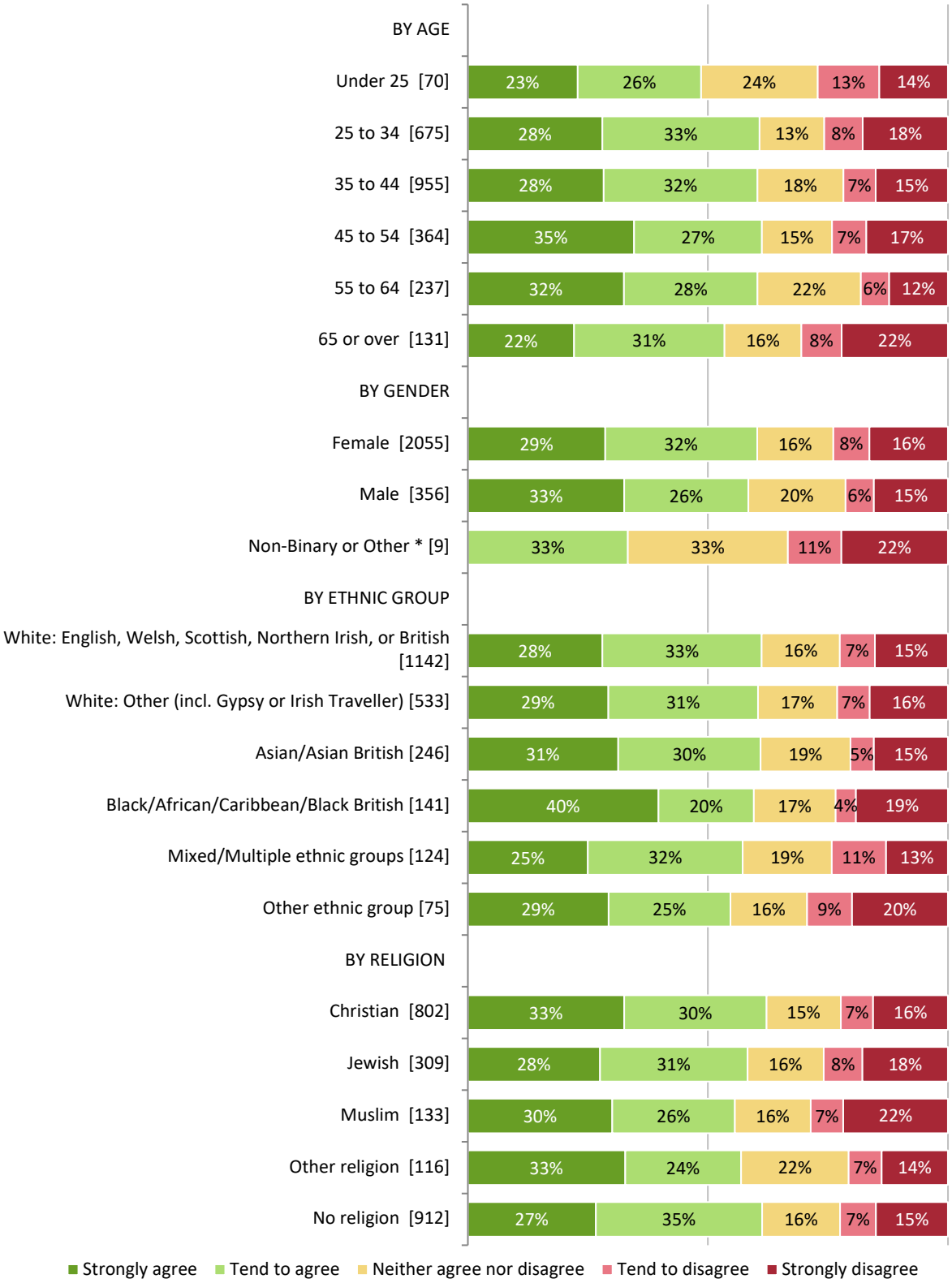
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 44: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY IMD QUINTILES (individual questionnaire respondents only, where postcodes were provided)



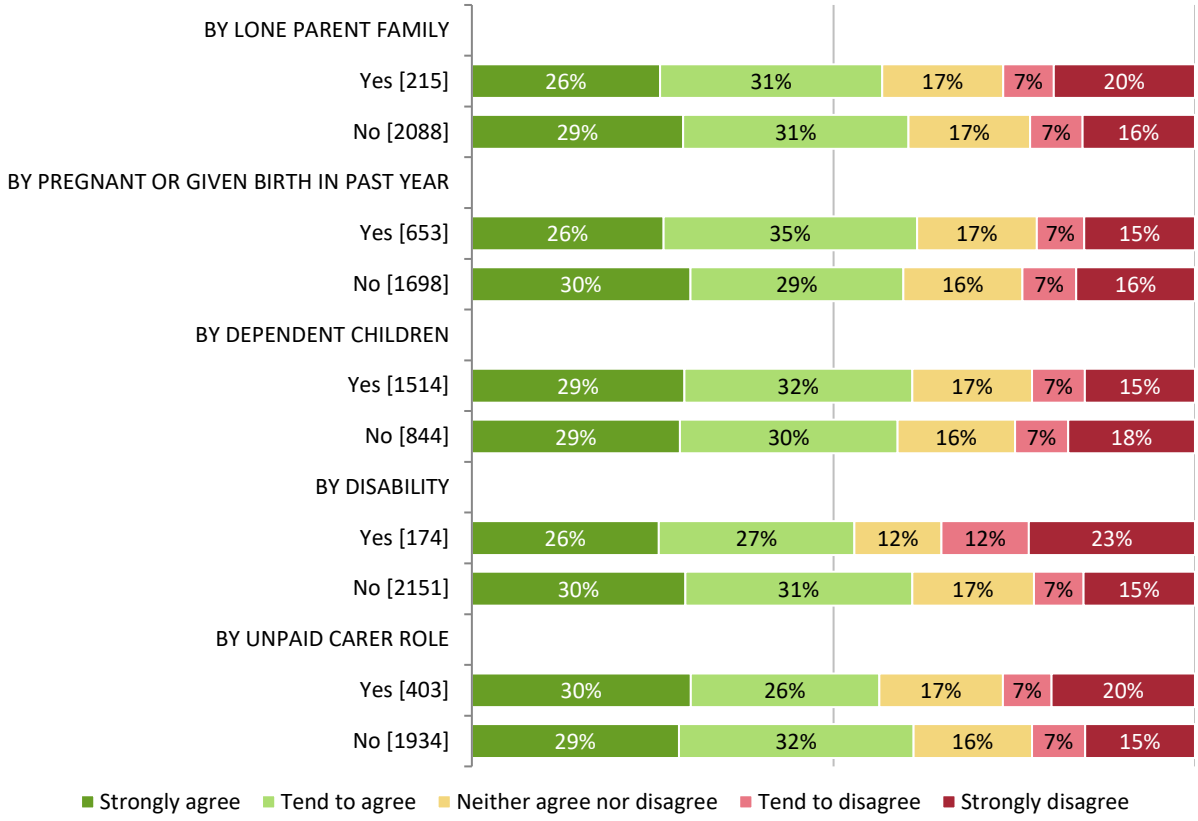
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 45: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)? BY AGE, GENDER, ETHNICITY and RELIGION OR BELIEF (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 46: Edgware Birth Centre is a standalone midwife-led birth centre. To what extent do you agree with the proposal to close the birth suites at Edgware Birth Centre (antenatal and postnatal care would remain on the site)?]? BY HOUSEHOLD, PREGNANCY AND MATERNITY, DEPENDENT CHILDREN, DISABILITY and UNPAID CARING ROLE (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Appendix III: Coded tables of questionnaire responses

The tables below provide a more detailed account of text comments made by individuals responding to the open-ended questions in the consultation questionnaire and discussed in Chapter 2 of this report. Throughout this section, percentages show how many individual respondents raised each theme as a proportion of all those who provided comments in response to each question.

Note that respondents could provide detailed feedback; as such, some comments covered more than one theme and therefore the total percentages sum to greater than 100%. An asterisk has been used to denote percentages greater than zero, but less than half of one percent.

Individuals' comments – maternity and neonatal services

Table 25: Themes arising from comments on the NHS's proposals relating to maternity and neonatal services in NCL (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
AGREEMENT / POSITIVE IMPACT			
Agree with/would prefer option A (keep services at Whittington Hospital)	**General:** Agree with/would prefer option A (keep services at Whittington Hospital)	365	19%
Proposals will have a positive impact(s)	**Positive Impact:** Improved quality of care incl. waiting times/bed availability	42	2%
	Positive Impact: On staff and staffing	42	2%
	Positive impact: Saves money	13	1%
	Positive Impact: Future proof services	10	1%
	Positive Impact: Improved access	7	*%
General agreement with changes/ proposals	**General:** Agree with changes/agree with reduction from five hospitals to four	78	4%
	General: Agree with the closure of Edgware Birthing Centre	10	1%
Agree with/would prefer option B (keep services at Royal Free Hospital)	**General:** Agree with/would prefer option B (keep services at Royal Free Hospital)	80	4%
DISAGREEMENT / NEGATIVE IMPACT			
General disagreement with changes/ proposals	**General:** Disagree with change/do not reduce from five hospitals to four/keep services local	327	17%
	General: Disagree with the closure of Edgware Birthing Centre	32	2%
Proposals will have a negative impact	**Negative Impact:** Reduced quality of care/increased risk to patients	181	9%
	Negative Impact: Increased pressure on maternity services which are already overstretched	79	4%
	Negative Impact: Increased pressure on other hospitals/local services	56	3%
	Negative Impact: On staff and staffing	56	3%
	Negative Impact: Increased pressure on Whittington Hospital/is already overstretched	24	1%
	Negative Impact: Increased pressure on Royal Free Hospital/is already overstretched	12	1%
	Negative impact: Increased waiting times	6	*%
Disagree with option B (don't close services at Whittington Hospital)	**General:** Disagree with option B (don't close services at Whittington Hospital)	232	12%
Disagree with option A (don't close services at Royal Free Hospital)	**General:** Disagree with option A (don't close services at Royal Free Hospital)	163	8%
VIEW OF CURRENT CARE / FACILITIES			

Positive view of care/ facilities at Whittington Hospital	**Positive Quality of Care:** Positive view of current care/facilities at Whittington Hospital	748	38%
Positive view of care/facilities at Royal Free Hospital	**Positive Quality of Care:** Positive view of current care/facilities at Royal Free Hospital	227	12%
Negative view of care/facilities at Royal Free Hospital	**Negative Quality of Care:** Negative view of current care/facilities at Royal Free Hospital	151	8%
View of care/facilities at another hospital/ local NHS	**Positive Quality of Care:** Positive opinion of care/service/facilities (other specific hospital)	21	1%
	Positive Quality of Care: Positive opinion of the local NHS in general	10	1%
	Negative Quality of Care: Negative opinion of care/service/facilities (other specific hospital)	46	2%
	Negative Quality of Care: Negative opinion of the local NHS in general	18	1%
Negative view of care/facilities at Whittington Hospital	**Negative Quality of Care:** Negative view of current care/facilities at Whittington Hospital	74	4%
TRAVEL / ACCESS			
Whitington Hospital is easily accessible (incl. public transport)	**Positive Access:** Whittington Hospital is easily accessible	262	13%
	Positive Access: Whittington Hospital has good/better public transport links	80	4%
Too far/costly/poor parking/public transport (general/ another hospital)	**Negative Access:** Poor accessibility incl. too far/costly, poor parking (general)	163	8%
	Negative Access: Poor accessibility incl. too far/costly, poor parking (Royal Free Hospital)	57	3%
	Negative Access: Poor accessibility incl. too far/costly, poor parking (other specific hospital)	48	2%
	Negative Access: Poor accessibility incl. too far/costly, poor parking (Whittington Hospital)	35	2%
	Negative Access: Poor public transport incl. frequency/cost (Royal Free Hospital)	24	1%
	Negative Access: Poor public transport incl. frequency/cost (general)	13	1%
	Negative Access: Poor public transport incl. frequency/cost (Whittington Hospital)	7	*%
	Negative Access: Poor public transport incl. frequency/cost (other specific hospital)	6	*%
Royal Free Hospital is easily accessible (incl. public transport)	**Positive Access:** Royal Free Hospital is easily accessible	153	8%
	Positive Access: Royal Free Hospital has good/better public transport links	32	2%
OTHER			
Other comments	**Other**	109	6%
	Other: Concerns about a large/growing population (incl. growth of a younger demographic)	55	3%
	Other: Personal/detailed experiences	200	10%
	Other: Colocation of maternity/neonatal services with other specialties/teams	15	1%
Suggestion/Alternative	**Suggestion/Alternative:** Improve/invest in local services	84	4%
	Suggestion/Alternative: Improve/invest in Whittington Hospital	75	4%
	Suggestion/Alternative: Other	71	4%
	Suggestion/Alternative: Improve/invest in Royal Free Hospital	59	3%
	Suggestion/Alternative: Focus on improving staffing and job satisfaction	50	3%
	Suggestion/Alternative: Different configuration of the levels of neonatal care	31	2%
	Suggestion/Alternative: Improve parking and transport links	2	*%
Impact(s) on specific groups (incl. Jewish community, deprived or vulnerable individuals, etc)	**Equality:** Removing services at Royal Free Hospital will negatively impact Jewish community	71	4%
	Equality: Negative impact on low income/deprived	48	2%
	Equality: Negative impact on other vulnerable	39	2%
	Equality: Negative impact on those without transport/non-drivers	20	1%
Criticism of the consultation	**Criticism of consultation:** More information needed/confusion over terminology	35	2%
	Criticism of consultation: Misleading questions/information	33	2%
	Criticism of consultation: General	21	1%
	Criticism of consultation: Money-saving exercise	13	1%
	Criticism of consultation: Mind's already made up	13	1%
	Criticism of consultation: The decision should be made by professionals	4	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to maternity and neonatal services in NCL (1,958), Themes raised (4,679)

Individuals' comments – Edgware Birth Centre

Table 26: Themes arising from comments on the NHS's proposals relating to the standalone midwife-led birth unit at Edgware Birth Centre (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
AGREEMENT / POSITIVE IMPACT			
General agreement with the changes/ proposals	**Agree:** Generally agree with closure of birthing suites at Edgware Birth Centre	136	20%
	Agree: Recognise/understand rationale/need for change	50	7%
	Agree: Poor accessibility at Edgware too far/costly incl. poor parking	15	2%
Positive Impact: Better use of money/ resources	**Positive Impact:** Better use of money/resources incl. addressing low usage	94	14%
Other positive impact(s)	**Positive Impact:** Improved quality of care incl. safety/health outcomes	44	6%
	Positive Impact: On staff and staffing incl. distribution/maintaining competencies	29	4%
	Positive Impact: Future proof services	4	1%
DISAGREEMENT / NEGATIVE IMPACT			
General disagreement with closure of birthing suites at Edgware Birth Centre	**Disagree:** Generally disagree with closure of the birthing suites at Edgware Birth Centre	173	25%
Negative Impact: Reduces choice/ options	**Negative Impact:** Reduces choice/options of where to give birth	120	17%
Other negative impact(s)	**Negative Impact:** Reduced quality of care/increased risk to patients	43	6%
	Negative Impact: People will have to travel further	23	3%
	Negative Impact: On staff and staffing incl. distribution/maintaining competencies	21	3%
	Negative Impact: Increased pressure on other hospitals/local services	19	3%
	Negative Impact: Changes will be too costly/waste of money	12	2%
SUGGESTION / ALTERNATIVE			
Other suggestion/ alternative	**Suggestion/Alternative:** Focus on improving staffing incl. job satisfaction/training	59	9%
	Suggestion/Alternative: Services should be relocated	49	7%
	Suggestion/Alternative: Other	48	7%
	Suggestion/Alternative: Permit Edgware Birth Centre to treat a broader range of pregnancies	4	1%
Increase awareness/ promotion of Edgware Birth Centre	**Suggestion/Alternative:** Increase awareness/promotion of Edgware Birth Centre and its services	106	15%
Improve/invest in Edgware Birth Centre/local services	**Suggestion/Alternative:** Improve/invest in local services	50	7%
	Suggestion/Alternative: Improve/invest in Edgware Birth Centre	34	5%
OTHER			
Other comments	**Other**	68	10%
	Other: Pregnancies are being incorrectly categorised as higher risk incl. unnecessary inductions	45	7%
	Other: Concerns about a large/growing population (incl. growth of a younger demographic)	15	2%
	Other: Don't feel capable of answering question	6	1%
View or experience of current care/facilities	**Other:** Positive view of care/facilities at Edgware Birth Centre	64	9%
	Other: Negative opinion of care/service/facilities at Edgware incl. lack of obstetricians	31	4%
	Other: Negative opinion of the local NHS	12	2%
	Other: Personal/detailed experiences	6	1%
Criticism of the consultation	**Criticism of consultation:** Misleading questions/information	30	4%
	Criticism of consultation: More information needed/confusion over terminology	21	3%
	Criticism of consultation: General	11	2%
	Criticism of consultation: The decision should be made by professionals	4	1%
	Criticism of consultation: Money-saving exercise	2	*%
	Criticism of consultation: Mind's already made up	2	*%
Impact(s) on specific demographic/group (incl. non drivers, deprived or vulnerable individuals, etc)	**Equality:** Negative impact on other vulnerable	7	1%
	Equality: Negative impact on low income/deprived	3	*%
	Equality: Negative impact on the Jewish community	3	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to Edgware Birth Centre (692), Themes raised (1,391)

Individuals' comments – potential equalities impacts and mitigations

Questionnaire respondents were invited to identify any specific groups or people that they believed might be positively or negatively affected by the proposed changes and to explain how any positive impacts might be enhanced or negative impacts reduced. Table 27 below shows a more detailed account of groups or people identified while Table 28 shows the types of impacts that were identified in the same comments.

Table 27: Themes arising from comments on potential equality impacts – groups/people identified as being impacted by the proposed changes (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
GROUPS IMPACTED			
Low income/deprived	**Low income/deprived:** Cost of transport/poor public transport links	72	8%
	Low income/deprived: Distance will be too far to travel	66	7%
	Low income/deprived: No specific reason	54	6%
	Low income/deprived: Other Reason	40	4%
	Low income/deprived: Without a car/don't drive	3	*%
	Low income/deprived: Positive impact	2	*%
Women/pregnant people	**Women/pregnant people:** No specific reason	80	9%
	Women/pregnant people: Other Reason	67	7%
	Women/pregnant people: Distance will be too far to travel	36	4%
	Women/pregnant people: Cost of transport/poor public transport links	8	1%
	Women/pregnant people: Without a car/don't drive	5	1%
	Women/pregnant people: Positive impact	2	*%
Orthodox Jewish Community	**Jewish community:** No specific reason	58	6%
	Jewish community: Distance will be too far to travel	55	6%
	Jewish community: Can't use transport on the Sabbath	43	5%
	Jewish community: Other Reason	42	5%
Ethnic minorities	**Ethnic minorities:** No specific reason	63	7%
	Ethnic minorities: Other Reason	56	6%
	Ethnic minorities: Distance will be too far to travel	21	2%
	Ethnic minorities: Cost of transport/poor public transport links	8	1%
	Ethnic minorities: Without a car/don't drive	1	*%
Another group	**Other:** Any other groups mentioned	116	13%
Disabled/neurodiverse	**Disabilities/neurodiversity:** No specific reason	32	4%
	Disabilities/neurodiversity: Distance will be too far to travel	31	3%
	Disabilities/neurodiversity: Other Reason	23	3%
	Disabilities/neurodiversity: Cost of transport/poor public transport links	12	1%
	Disabilities/neurodiversity: Positive impact	3	*%
	Disabilities/neurodiversity: Without a car/don't drive	2	*%
Children	**Children:** No specific reason	19	2%
	Children: Other Reason	13	1%
	Children: Positive impact	5	1%
	Children: Distance will be too far to travel	3	*%
NHS staff	**Staff:** Negative impact	30	3%
	Staff: No specific reason	6	1%
	Staff: Positive impact	1	*%
GENERAL COMMENTS			
Disagreement with changes/proposals	**Disagree:** With changes to maternity and neonatal services (specific option/location mentioned)	203	22%
	Disagree: With changes to maternity and neonatal services (general)	39	4%
	Disagree: Generally disagree with proposals/changes	25	3%
	Disagree: Will cause added pressure/strain	25	3%
	Disagree: With changes to children's surgical services (specific option/location mentioned)	12	1%
	Disagree: With changes to children's surgical services	6	1%
General impact on all patients	**General:** Increased risk/lower quality of care	60	7%
	General: Distance will be too far to travel	58	6%
	General: Cost of transport/poor public transport links	38	4%

	General: No specific reason	31	3%
	General: Other Reason	24	3%
	General: Without a car/don't drive	20	2%
	General: Positive impact	13	1%
Agreement with changes/proposals	**Agree:** With changes to maternity and neonatal services (specific option/location mentioned)	15	2%
	Agree: Generally agree with proposals/changes	7	1%
	Agree: With changes to children's surgical services	4	*%
	Agree: With changes to maternity and neonatal services	2	*%
OTHER			
Other comments	**Other**	117	13%
	Other: No impacts on any specific group	59	6%
	Other: Positive view of current care/facilities	37	4%
	Other: Reduced choice/options of where to give birth	28	3%
	Criticism of Consultation	27	3%
	Other: Personal/detailed experiences	7	1%
	Question misunderstood/shouldn't be asked	3	*%
Suggestion/Alternative	**Other:** Keep/invest in local services	64	7%
	Other: Focus on staff wellbeing	3	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,784)

Table 28: Themes arising from comments on potential equality impacts – types of impacts suggested by respondents (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
POSITIVE IMPACTS			
General agreement/ positive impact(s)	**Agree:** With changes to maternity and neonatal services (specific option/location mentioned)	15	2%
	Agree: Generally agree with proposals/changes	7	1%
	Agree: With changes to children's surgical services	4	*%
	Agree: With changes to maternity and neonatal services	2	*%
	General: Positive impact	13	1%
	Children: Positive impact	5	1%
	Disabilities/neurodiversity: Positive impact	3	*%
	Women/pregnant people: Positive impact	2	*%
	Low income/deprived: Positive impact	2	*%
	Staff: Positive impact	1	*%
NEGATIVE IMPACTS			
Impact(s) due to other reasons	**Other:** Any other groups mentioned	116	13%
	Women/pregnant people: Other Reason	67	7%
	Ethnic minorities: Other Reason	56	6%
	Jewish community: Other Reason	42	5%
	Low income/deprived: Other Reason	40	4%
	General: Other Reason	24	3%
	Disabilities/neurodiversity: Other Reason	23	3%
	Children: Other Reason	13	1%
General disagreement/ negative impact(s)	**Disagree:** With changes to maternity and neonatal services (specific option/location mentioned)	203	22%
	Disagree: With changes to maternity and neonatal services	39	4%
	Staff: Negative impact	30	3%
	Disagree: Generally disagree with proposals/changes	25	3%
	Disagree: Will cause added pressure/strain	25	3%
	Disagree: With changes to children's surgical services (specific option/location mentioned)	12	1%
	Disagree: With changes to children's surgical services	6	1%
Impact(s) for no specific reason	**Women/pregnant people:** No specific reason	80	9%
	Ethnic minorities: No specific reason	63	7%
	Jewish community: No specific reason	58	6%

	Low income/deprived: No specific reason	54	6%
	Disabilities/neurodiversity: No specific reason	32	4%
	General: No specific reason	31	3%
	Children: No specific reason	19	2%
	Staff: No specific reason	6	1%
Distance too far to travel	**Low income/deprived:** Distance will be too far to travel	66	7%
	General: Distance will be too far to travel	58	6%
	Jewish community: Distance will be too far to travel	55	6%
	Women/pregnant people: Distance will be too far to travel	36	4%
	Disabilities/neurodiversity: Distance will be too far to travel	31	3%
	Ethnic minorities: Distance will be too far to travel	21	2%
	Children: Distance will be too far to travel	3	*%
Cost of transport/poor public transport links	**Low income/deprived:** Cost of transport/poor public transport links	72	8%
	General: Cost of transport/poor public transport links	38	4%
	Disabilities/neurodiversity: Cost of transport/poor public transport links	12	1%
	Women/pregnant people: Cost of transport/poor public transport links	8	1%
	Ethnic minorities: Cost of transport/poor public transport links	8	1%
Increased risk/lower quality of care	**General:** Increased risk/lower quality of care	60	7%
Jewish community can't use transport on the Sabbath	**Jewish community:** Can't use transport on the Sabbath	43	5%
Impact on access for those without a car/non-drivers	**General:** Without a car/don't drive	20	2%
	Women/pregnant people: Without a car/don't drive	5	1%
	Low income/deprived: Without a car/don't drive	3	*%
	Disabilities/neurodiversity: Without a car/don't drive	2	*%
	Ethnic minorities: Without a car/don't drive	1	*%
OTHER			
Suggestion/Alternative	**Other:** Keep/invest in local services	64	7%
	Other: Focus on staff wellbeing	3	*%
Other comments	**Other**	117	13%
	Other: No impacts on any specific group	59	6%
	Other: Positive view of current care/facilities	37	4%
	Other: Reduced choice/options of where to give birth	28	3%
	Criticism of Consultation	27	3%
	Other: Personal/detailed experiences	7	1%
	Question misunderstood/shouldn't be asked	3	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,720)

Appendix IV: Questions at staff engagement activities

The following tables lists of examples of the questions asked at NHS staff engagement events that, while not comprising feedback per se, nonetheless are helpful in highlighting the types of issues that were seen as important by those who took attended.

Abbreviations used:

NCL	North Central London
RFH	Royal Free Hospital
UCLH	University College London Hospital NHS Foundation Trust
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
EPU	Early Pregnancy Unit
ICB	integrated Care Board

Proposed model of care

The following questions were asked by staff attending the various meetings regarding the proposed model of care for neonatal and maternity services.

	Question / comment
1	Queried how much additional neonatal cot capacity was being considered
2	Queried if RFH could provide a respiratory service for babies discharged from neonatal services
3	Questioned whether a respiratory centre could be opened at RFH to provide services to babies
4	Asked what work will be undertaken to agree the discharge protocols for neonatal care
5	Questioned whether the neonatal unit at RFH could be upgraded to level 2 without closing any services
6	Queried whether the impact of moving staff from a level 1 to level 2 unit has been considered, due to the upskilling requirement
7	Questioned whether any indirect effects of the proposals such as the impact on stepping down babies from level 3/2 units to 2/1 units has been considered
8	Queried whether Whittington Hospital has sufficient capacity
9	Queried what the proposals would mean for joint midwifery and consultant posts in HIV and other specialist areas
10	Queried whether pregnant women and people no longer be able to choose where they receive care and instead be told where to go to receive care

	Question / comment
11	Questioned whether costs would be increased at a site that receives additional staff and where the funding would be sourced
12	Queried what the impact would be on discharge planning in terms of disruption to community pathways and local authority services that are often needed in the long term by neonates
13	Queried how the capacity requirements had been calculated through the modelling undertaken
14	Questioned how much the shortfall of qualified nurses would be following the expansion of units
15	Asked what the impact on catchment areas for antenatal and postnatal care in the community would be and how this would impact travel times for staff
16	Queried whether TUPE would apply to staff impacted by closures
17	Asked where pregnant women and people would be most likely to access care in the first year following the proposals
18	Questioned whether any antenatal capacity will remain at RFH if it closes
17	Asked where patients will be redirected if Whittington or RFH maternity and neonatal units are closed
18	Queried what the impact would be on community services in terms geographical coverage – e.g. if RFH were to close what would happen to their community boundaries.
19	Inquired what would happen to gynaecology services if the proposals are carried out
20	Questioned whether services would be able to meet demand if birthrates increase to previous levels following the implementation of the proposals
21	Questioned how RFH would expand their capacity if option B were to be implemented.
22	Queried whether the proposals also include a planned expansion of other services that may be needed for safe maternity care – for example interventional radiology
23	Questioned whether the proposals would be impacted by the potential closer working between North Mid and Royal Free London (there is a proposal that the North Mid more formally joins the Royal Free Group of hospitals with some managerial implications)
24	Inquired what would happen to domestic staff employed at RFH if it were to close
25	Inquired what would be the impact for staff regarding London Weighting Allowance if they had to move from RFH to Barnet Hospital
26	Queried where pregnant women and people in need of cardiology services would receive care would be treated following the implementation of option A
27	Queried where pregnant women and people with haemophilia and blood clotting disorders would receive their care following the implementation of option A

	Question / comment
28	Questioned if there was a sense where people will go if the Royal Free closes and what percentage of residents that are likely to come to UCLH?
29	Inquired about the general impact on staff at RFH if it were to close
30	Asked what the impact would be on RFH staff if the unit closed, given that some staff might not have the skills associated with a higher-level unit
31	Inquired what would happen to Tongue Tie services if units at RFH are closed
32	Asked what the timeline is for the proposals
33	Queried whether staff with higher salary weightings would maintain their existing weighting if they had to move to a new unit as a result of the proposals
34	Inquired whether staff on higher bands would be guaranteed a job if the proposals go ahead
35	Questioned whether all staff, including the neonatal consultants at RFH, would still have jobs if the proposals were carried out
36	Inquired what would happen to psychological counselling services for women and people receiving maternity care following the closure of RFH
37	Queried whether Barnet Hospital would be able to provide for an increased demand following the proposals
38	Inquired where babies will be moved if an infection control outbreak requires one unit to be closed
39	Questioned what would happen to community workforce as a result of the proposals
40	Queried what would happen to student staff working at RFH if the units there close, since travel to Barnet Hospital might be too far for some
41	Inquired what the impact would be on EPUs and whether they would stay open at the site that closes
42	Questioned whether there is an option to maintain some antenatal and postnatal services at RFH in a similar format to services provided at Chase Farm Hospital
43	Queried if it had been considered whether RFH and Whittington Hospital services could merge and share aspects of services with each other
44	Inquired whether RFH could be brought up to a level 2 unit whilst keeping all units open
45	Queried if highly specialised patients could end up at UCLH for treatment
46	Queried whether there could be a cap on the number of pregnant women and people booking into specific units if they get too busy

	Question / comment
47	Queried whether the neonatal unit at RFH could remain open if the care level increased to level 2 and if demand also increased
48	Questioned how much money would be required to impose the proposals
49	Queried whether the Start Well programme is considering what alternative pathways would be required for complex patients requiring other specialist input should RFH close
50	Questioned what would happen to gynaecology and haematology services for pregnant women and people if RFH closes
51	Questioned whether the capital expenses are available to carry out the proposals
51	Questioned whether the capital expense requirements of the proposals would impact on the Trusts' own plans for capital expenses
52	Queried whether there are plans for paediatric emergency care and, if so, what these plans are
53	Queried how the employment implications of the proposals would be managed from a HR perspective
54	Questioned whether there are interim plans should services at RFH be challenged with staff leaving before the proposals are implemented
55	Questioned whether the general election results would impact the implementation of the proposals
56	Asked what would happen with the space vacated
57	Queried how much it cost to run the Royal Free site and whether that funding will be ring fenced.
58	Could women that could be treated for post-c section wound infection in the community as opposed to hospital
59	Questioned how long the lead in time would between the decision being made and the proposals being implemented
60	Inquired what the cost of implementing the proposals would be
61	Queried how money is allocated and what are the funding arrangements
62	Inquired about the timeline of the proposals

Proposed location of services

The following questions were asked by staff attending the various meetings regarding the proposed location of services

	Question / comment
1	Queried what would be the main factors that would change the preferred location of services from option A to option B
2	Queried why the Royal Free is the preferred option for closure given the expansion and upgrade that would be required on the Whittington site to ensure buildings were fit for purpose.
3	Asked what the rationale is for option A being the preferred option
4	Questioned the preference given for option A and the weighing-up of the perceived benefits of less workforce moving from Whittington and outflows to NEL given the specialist care available at RFH

Edgware Birth Centre

The following questions were asked by staff attending the various meetings regarding the proposals for Edgware Birth Centre.

	Question / comment
1	Questioned what would happen to staff if the unit were to close
2	Queried whether it will be taken into account that Edgware Birth Centre has begun to see an increase in births
3	Questioned if Edgware Birth Cantre could be opened up to the wider sector for births which would increase the numbers of people using the unit
4	Queried whether it would be possible to increase bookings further if the unit was opened up to be more of a sector-wide resource (e.g. not just those that book at RFH can access it)
5	Inquired whether the new residents may in future want to access the birthing suites at Edgware as a result of new homes being built nearby

Consultation process

The following questions were asked by staff attending the various meetings regarding the consultation process.

	Question / comment
1	Questioned why the proposals would be successful given that previous proposals in the past did not go forward
2	Queried whether hospitals outside of NCL have been consulted with

	Question / comment
3	Queried if the timeline for all three proposals was the same and if it would be possible to make a decision on some aspects of the proposals before others (e.g. it could be possible to make a quicker decision around the Edgware birth centre proposals)
4	Questioned whether the inclusion of a preferred option for the location of services might create bias results from the consultation
5	Inquired what would happen if the proposals were rejected and how services would instead be improved in such a scenario
6	Questioned why a public consultation is necessary given the strength of the clinical case
7	Queried whether the programme would be impacted or the recommendations changed by a general election or potential change in government.
8	Asked how the views of the public are used to form a decision
9	Queried whether social media commentary is being recorded and whether that information is being considered in the decision-making process
10	Inquired when the final decision would be made regarding the implementation of the proposals
11	Inquired who is meant by the 'independent body' that will gather and analyse information during the consultation
12	Queried whether there is any external consultancy involved in the programme
13	Inquired how many ICBs have been involved in the programme given the range of people from all over London who use UCLH services
14	Queried whether the Department of Health is involved in the decision-making process
15	Questioned whether recent investment in the Whittington estate means a decision has already been made
16	Questioned how long the decision-making process would be, with concern that the longer it is the more likely the units at RFH are to be asset stripped
17	Queried how much public interest there has been in the consultation
18	Questioned whether Admin staff and Mental Health Staff are looked at as differentiating factors
18	Questioned the level of independence the team carrying out the consultation has from the Start Well programme
19	Inquired how people who's first language is not English have been engaged with
20	Questioned how the decision would be influenced if the public where to be overwhelmingly opposed to the proposals
21	Questioned the possibility of the proposals not being taken forward

	Question / comment
21	Questioned how the consultation has been promoted and what opportunities to contribute have been provided to local communities
22	Questioned how the ICB programme team have been ensuring the community is aware of the consultation
23	Questioned who will make the final decision on the implementation of the proposals

Additional questions

The following questions were asked by staff attending the various meetings regarding additional matters not covered in the previous sections.

	Question / comment
1	Questioned whether the modelling for birthrates would be redone to support the next phase of work
2	Queried whether the declining birthrate applies to the whole of North London
3	Queried whether the modelling predicted longer term decline in birthrates and what would happen should the birthrate rise again
4	Queried whether the future birth rate is known and if it might increase in the future
6	Questioned whether the primary impact on the decrease in birthrates is due to the COVID19 pandemic and whether rates might increase to pre-pandemic levels
7	Questioned the accuracy of the modelling and the ability of other units to absorb additional activity given how busy they are (especially UCLH and Barnet Hospital)
8	Inquired how modelling around capacity flows to Barnet Hospital were calculated
9	Queried how regularly birthrates are reviewed
10	Inquired whether the modelling considers a possible high number of deliveries in the instance where RFH has a level 2 neonatal unit
11	Asked whether complexity has been taken into account in modelling and wider workforce requirements, e.g. if number of women with diabetes has been taken into account
12	General queries raised regarding the modelling of where residents are likely to access care should RFH to close
12	Inquired whether deprivation across areas had been considered in the proposals
13	Asked whether there has been legacy learning from similar reconfigurations elsewhere
14	Queried whether support is available to staff who are concerned about their job security as a result of the proposals

	Question / comment
15	Asked whether the ICB programme team is an independent group to NCL
16	Queried whether NHSE or regional leads are involved in the programme
17	Queried if the wellbeing of staff had been considered especially for members of staff who have worked on the units for a very long time.
18	Queried if modelling would be redone to account for more recent years post COVID-19

Appendix V: Questions from other NCL ICB engagement activities

The following tables list of examples of the questions asked at service user, targeted, stakeholder and public and community engagement activities, events and meetings. The questions do not comprise feedback on the proposals *per se*; nonetheless they are helpful in highlighting the types of issues that were seen as important by those who attended.

Abbreviations used:

NCL	North Central London
RFH	Royal Free Hospital
UCLH	University College London Hospital NHS Foundation Trust
ICB	Integrated Care Board

Proposed model of care

The following questions are examples of those asked about the proposed model of care for neonatal and maternity services.

	Question / comment
1	Queried the relevance of the proposals for those receiving care at Chase Farm Hospital or Barnet Hospital
2	Asked to clarify parts of the rationale (e.g. whether it is just about staffing)
3	Asked whether they had to deliver their baby at their closest hospital, or whether they could choose another hospital
4	Asked if the birth preferences of people from people of different backgrounds / ethnicities has been explored and taken into account
5	Queried how the proposals for maternity care would improve outcomes for people of colour
6	Queried what would happen to staff if service at one site closes (e.g. will staff be given the opportunity to apply for roles in the other hospital?)
7	Queried whether, if money was no object, there would be enough births to maintain having 5 neonatal units at level 2
8	Asked whether the proposals will have a positive impact on quality of services and availability of staff in the future
9	Asked whether the changes were prompted by the need to make savings
10	Asked to see the full clinical justification around the case for change
11	Asked if the impact on all NCL hospitals has been considered as part of the consultation

	Question / comment
12	Queried the number of women from Harrow who use Whittington Hospital, RFH and other hospitals

Proposed location of services

The following questions are examples of those asked regarding the proposed location of services.

	Question / comment
1	Asked whether travel routes in Barnet had been taken into account – specifically the difficulty in getting across the borough by public transport (e.g. from Barnet Hospital to Golders Green)
2	Asked whether the RFH could become a level 2 unit and the rationale for not being able to upgrade the RFH to a level 2 unit without having to close another unit
3	Asked for further information about how the two options of Whittington Hospital or Royal Free Hospital were developed
4	Question about rationale for preference for option A
5	Asked whether the ICB is aware of how many births at RFH are from the Orthodox Jewish community
6	Question whether Royal Free Hospital currently delivers more babies than Whittington Hospital

Edgware Birth Centre

The following question is an example of those asked regarding the proposals for Edgware Birth Centre.

	Question / comment
1	A question about whether the Edgware Birth Centre team would continue to run home births if the birthing suites there were decommissioned

Consultation process

The following questions are examples of those asked regarding the consultation process and next steps.

	Question / comment
1	Asked how else the ICB were promoting the consultation
2	Asked if the responses to the consultation are being monitored as it goes along
3	Queried the timeline of action following the consultation

	Question / comment
4	Asked whether the changes would take place with immediate effect
5	Asked whether feedback from forums and focus group sessions will have equal weight (compared with completed questionnaires for example)
6	Queried whether there are plans to discuss the proposals with women at antenatal clinics in Hendon and Golders Green

Additional questions

The following questions were asked by service users attending the various meetings regarding additional matters not covered in the previous sections.

	Question / comment
1	Queried whether the Northern Health Centre would close
2	Asked which hospitals work together in a network for neonatal care
3	Queried how the proposals would be delivered and how things would practically work (e.g. what would happen to people that previously or currently use the services at the site where services will close?)
4	Asked whether the North Middlesex University Hospital maternity service would close as part of the proposals

Appendix VI: Verve Report

During the consultation, NCL ICB commissioned Verve Communications (hereafter 'Verve') to undertake some independently facilitated engagement activities with four specific inclusion health groups. Potential maternity service users in from the following groups were targeted:

- Refugees and people seeking asylum
- People who were experiencing homelessness
- LGBTQI+ people, including Trans men
- Gypsy, Roma and Traveller people

Verve's report of feedback from these activities is included overleaf, with a short summary also included in Chapter 8 of the main body of this report.

Start Well Consultation

Inclusion health groups

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Date: April 2024

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1. INTRODUCTION

North Central London ICB and NHSE London Region Specialised Commissioning undertook a public consultation between 11th December 2023 and 17th March 2024 around potential changes to maternity, neonatal and children's surgical services in North Central London. Verve were commissioned to support this consultation by undertaking engagement with four specific inclusion health groups. Women who were potential maternity service users in from the following groups were targeted:

- Refugees and people seeking asylum
- People who were homeless
- LGBTQI+ people, including Trans men
- Gypsy, Roma and Traveller people

The aim of the engagement was to hear the experiences and opinions of groups who were identified through the interim integrated impact assessment as being less likely to engage with the consultation through the other mechanisms such as the survey and open meetings.

This report gives a brief outline of the methodology used in this engagement and goes on to outline the overarching themes across all four groups and the themes specific to each group.

A full report of the consultation engagement is being prepared by Opinion Research Services (ORS), and this engagement with targeted groups will be incorporated into the ORS report.

1.1 RECRUITMENT

The Start Well team and NCL NHS communications and engagement colleagues introduced this engagement, and Verve, to a range of community voluntary services (CVS), local authority colleagues and internal colleagues to enable us to find participants. We followed up on the introductions and used our own contacts to boost recruitment where necessary.

The recruitment and facilitation of Roma people who were potential users of maternity services was a specialist task, due to taboos concerning talking about health related subjects[1]. The Bulgarian Centre for Social Integration and Culture undertook the recruitment and fieldwork with Roma people using drop in services and provided notes from interviews.

The engagement with inclusion health groups took place between January and March 2024.

[1] www.england.nhs.uk/wp-content/uploads/2016/07/roma-info-leaflet.pdf

1.2 METHODS

A topic guide was developed by Verve and approved by the NCL ICB Start Well Programme Team. Qualitative methods to ensure that people's views and experiences could be explored in detail.

The Bulgarian Centre for Social Integration and Culture advised that changes would be necessary to the topic guide to better encourage people to talk about their experiences. The topic guide was adapted to be used with more closed questions which were preferable to Roma people.

Where appropriate, the North Central London ICB Reimbursement Guidelines for Public and Patient Involved was used for those who took part.

The fieldwork included one-to-one interviews and small group engagements in person and online. Notes were taken at each engagement which were used to develop themes of interest, reported here.

1.3 PARTICIPANTS

The following table shows the numbers of people taking part

Group	Numbers	Details
Refugees and people seeking asylum	10	All of the women had given birth in the last 12 months. The women were interviewed in a hotel housing refugees and people seeking asylum. The interviews were with one or two people at a time with interpreters where needed. The languages covered were English, Portuguese, Kurdish and Arabic.
People with experience of homelessness	5	All of the women were of an age to be potential users of maternity services. The interviews were conducted online. Three interviews were with individuals and one was with two women who were friends. Four of the women had children under three, and 2 of them had older children. Not all the children were living with their mothers. The women had experienced rough sleeping, sofa surfing and temporary accommodations. Some of they had multiple potential vulnerabilities including mental health issues and drug usage.

Group	Numbers	Details
LGBTQI+ people, including Trans men	7	All LGBTQI+ participants had given birth or were pregnant. Fieldwork was conducted online. There were three interviews: • One-to-one – lesbian birthing parent of a 3 year old • One-to-one – trans man birthing parent of a 4 year old • Paired interview – trans male couple who were both birthing parents to three children in the last five years One small group comprised: • Three lesbian birthing parents, two had given birth in the last two years and one who was currently pregnant
Gypsy, Roma and Traveller people	20	A female support worker from The Bulgarian Centre for Social Integration and Culture recruited Roma women at drop in sessions if they met the following criteria: • Currently pregnant, or • Had been pregnant in the last five years, or • Were of an age to be a potential user of maternity services One-to-one interviews were conducted in Bulgarian. • 1 participant was currently pregnant • 14 participants had given birth in the last five years • 5 participants were potential users of maternity services

1.4 ACKNOWLEDGEMENTS

We would like to thank NCL ICB Start Well Programme Team and NCL NHS communications and engagement colleagues, CVS partners who helped us to recruit people, in particular Farida Stanikzai at New Citizens' Gateway, Laura-Rose Thorogood at LGBT Mummies and The Bulgarian Centre for Social Integration and Culture, and all the participants who gave us their time and told us of their experiences.

3. OVERARCHING THEMES

Four types of participants took part in this engagement – people seeking asylum and refugees; people who were homeless; LGBTQI+ people; and people from the Roma community. The overarching themes from the engagement are reported here.

3.1 LANGUAGE BARRIERS

People whose first language is not English found difficulties in accessing and using services. Roma women said that finding information in Bulgarian, their first language, was very difficult and there were few, if any, health professionals or receptionists who could communicate with them in Bulgarian. People seeking asylum and refugees reported that there were not always translators available to them. Both groups relied on CVS organisations for help. Roma women said that they also talked to friends and family for advice and information.

Language barriers caused people to be concerned about whether health professionals understood them, and whether they were properly understanding what health professionals said to them.

3.2 ACCESSING SERVICES

People seeking asylum, people who were homeless and Roma people all reported having difficulty understanding how services worked. Those who were homeless and Roma people also said that they had difficulties registering with GPs, even with the help of CVS organisations.

Homeless people said that communications were often lost – if they had been moved from one temporary accommodation to another or if their phones were list or stolen – potentially resulting in missed appointments.

Using digital services and having telephone appointments were difficult for people whose first language was not English, and people without phone credit or data could not afford to access online services or wait in phone queues.

3.3 FEAR OF SOCIAL SERVICES

People who were homeless feared their children would be removed by social services and those seeking asylum and refugees said that Muslim parents were often suspected of FGM, and both types of participant reported being anxious and fearing social services.

3.4 UNDERSTANDING PEOPLE'S NEEDS

Homeless people said that service providers, including maternity services, seemed not to understand their sometimes complex needs and potential vulnerabilities, for example, how to deal with addictions or mental health needs.

LGBTQI+ people said that their preferences and needs were often overlooked, for example the use of their preferred pronouns, misgendering and having to give their life story to each new person they met. All LGBTQI+ participants reported that healthcare service providers had made assumptions about them, their pregnancies and their relationships. Trans men said that they were often the first pregnant trans man a midwifery team had met – and they worked with the team to educate them on their needs. However, trans men's wider experiences, for example, with maternity receptionists, often resulted in misgendering or misunderstanding. To a degree this was because hospital systems could not register more than the sex of a birthing parent.

The following sections explain the themes from each type of participant.

4. REFUGEES AND PEOPLE SEEKING ASYLUM

The participants who were refugees or who were seeking asylum had all given birth in the last 12 months. Generally the women spoke little or no English and interpreters were used in the interviews.

Positive experiences of maternity services related to feeling well looked after by friendly and kind maternity staff, hotel staff and CSVs, including having visits at the hotel from midwives and health visitors.

Negative experiences included poor communications with health professionals, largely due to language barriers, accessing services and not understanding how services worked.

These participants reported being particularly affected by:

- **Language barriers** – most of the participants did not have enough English to fully understand information they were given, and they were concerned about whether they were getting all the information and communications they needed. Where translators were provided women felt more confident that they were being understood and were getting information they needed.
- **Accessing services** – it was common for women to say that they did not really understand how services worked and that they were uncertain about how services connected; many found difficulty accessing some services such as 111 and GP appointments. A further issue was the proximity of services - those who were referred to hospitals close to their accommodation found getting to appointments easier than those who had to travel further. Some people got lost on lengthy or complex journeys and could not easily ask the way and there were instances of people missing appointments because they arrived late. People had also experienced taxis booked to take them to maternity services being cancelled, again resulting in missed appointments.
- **Fear of social services** – many of the participants expressed a fear of social services, saying that it was common for enquiries to be made about Muslim parents in relation to FGM. One participant had experienced being investigated for FGM when her baby needed hospital care.

5. PEOPLE WHO ARE HOMELESS

The women who were homeless were all potential maternity service users and four of the five had children under the age of 3; three of the women had more than one child. It was usual for the women to have multiple potential vulnerabilities including mental health issues and drug usage. Their experiences of homelessness included rough sleeping, sofa surfing and temporary accommodation.

Positive experiences related CVS organisation who supported women in many different ways and signposted to other services.

Negative experiences included difficulties registering for GP services (and further difficulties if people are moved from one temporary accommodation to another), fear of social services taking children away, digital exclusion which could lead to missed appointments and communications and having appropriate interpretation services for one woman whose first language was not English.

Issues for these participants were:

- **Receiving information** – being designated as having no fixed abode could mean that communications and information were lost, sometimes going to old addresses which could lead to missed appointments.
- **Accessing services** - It was difficult for people who were homeless to register with GPs and without being in the system they did not always know what to do if they became pregnant. CVS organisations were often the ones to guide and signpost to services. People who were homeless reported getting into the maternity system late, so missing out on antenatal care. When people were moved to different temporary accommodation it might mean that they were now outside the catchment area for services they were registered for – some did not change their GP, or other services when they were moved, but this could lead to higher travel costs.
- **Digital exclusion** - participants said that phones often got lost or stolen meaning they would need a new number; this also mean that they lost contacts and messages, and that services would not have a number to contact them on. Further, people said they often did not have data or credit on their phones to access online services or to make calls and queue for them to be answered.
- **Fear of social services** – participants talked of being fearful that social services would remove their children, and some had experience of this. Some people talked of being anxious about their situations and what would happen to them and their children.
- **Lack of understanding of addiction issues** – the participants who had addiction issues or mental health needs, said that, in their experience, maternity services were not understanding of their situation or their needs.

6. LGBTQI+ PEOPLE

All the LGBTQI+ participants had experience of maternity services with six of the seven having given birth in the last four years and one person who was currently pregnant. Three of the participants were trans men who were birthing parents.

Positive experiences included midwives working with trans men who were pregnant to learn how to best support them.

Negative experiences included misgendering, not using preferred pronouns and having to explain life stories to each new person; some of this appears to be because NHS systems to not have the ability to note details beyond a patient's sex, their preferred pronouns or personal circumstances (for example, that they do not have a partner).

The issues for these participants related to not having their preferences and needs understood:

- **Understanding preferences and needs** – LGBTQI+ people reported that their preferences or needs were often not taken into account, for example, their preferred pronouns. It was not uncommon for healthcare providers to make assumptions which were wrong, for example that there would be two parents, and that the parents would be a male and a female, lesbians were often asked where the father of the baby was, and trans men were asked about the baby's mother. Trans men reported often being misgendered

  Some of the problems seem to been made worse because hospital systems can only routinely record a parent's sex as male or female, so trans men who have changed their hospital records to male had issues such as blood tests not being done because technicians assumed there was a mistake (for example, looking for female hormones in a male's blood sample).

  LGBTQI+ people said they had to explain their life story each time they met someone new.

  Trans men said they were often the first trans man a midwife had cared for. The individuals who worked closed with trans men during pregnancy generally worked hard to ensure that they understood the birthing parent's needs, their relationships and their preferences. Lack of understanding was usually experienced during births, where people did not know the birthing parent well and did not understand their preferences and needs.

7. ROMA PEOPLE

20 Roma women took part in one-to-one interviews with a support worker from The Bulgarian Centre for Social Integration and Culture. The interviews were conducted in Bulgarian. One participant was currently pregnant, fourteen had given birth in the last five years and five were potential users of maternity services.

These participants experienced problems with language barriers and communications and accessing services. Some of them reported returning to Bulgaria for medical help because of difficulties in receiving care in London.

The issues the women reported affecting them most were:

- **Language barriers** – there was a lack of information available in Bulgarian and few, if any, health professionals and receptionists who spoke the language. The women said they needed more information about how services work and what is available to them. Language barriers impacted on making appointments, appointments with health professionals, telephone appointments and using online services. The problems with communications meant that the women were unable to access information directly and they had to rely on friends and relatives to advise them on where to go for services and how to deal with health problems.
- **Accessing services** – the women said that the NHS operates differently from health services in Bulgaria, resulting in them not know where to go for help or how to access services. Most of the participants reported having problems registering with a GP, even with the support of a CVS organisation. When registered with a GP the participants found it difficult to get appointments, and some reported going back to Bulgaria to access health care. The language barriers faced by the women meant that they found it difficult to access services. The women reported a lack of trust which made them hesitant to engage with NHS services. Some participants were confused about how their immigration and employment status impacted on their entitlements to use health services, resulting in hesitancy in approaching services. One person said that they thought they could not use NHS services as they were not working.