

START WELL

Proposed changes to maternity,
neonatal, and children's surgical services

11th December 2023 - 17th March 2024

Interim Report

July 2024

Prepared by
Opinion Research Services for:



North Central London
Health and Care
Integrated Care System



About this report and approach to interim reporting

This report has been produced by Opinion Research Services (ORS) and relates to emerging findings from a public consultation delivered by NCL ICB on behalf of the Integrated Care System and NHS England (London) Specialised Commissioning, focussing on potential changes to maternity, neonatal and children's surgical care.

ORS originated from Swansea University and has a UK-wide reputation for social research and delivering major statutory consultations. Given this expertise, ORS were appointed by NCL ICB to support with some consultation engagement activities and independently analyse and report the consultation outcomes.

This is an interim feedback report on the high-level feedback themes from the consultation. Given the volume of responses received, the majority of consultation feedback has been reviewed, but not fully analysed. This report of interim feedback only covers a **high-level overview of the emerging feedback**, it is not intended to be a fully comprehensive account. In due course, a full evaluation report will be published which outlines in detail the findings from the full range of feedback shared during the consultation.

Findings described in this summary report are primarily included because they do one or more of the following:

- Succinctly summarise common themes arising across the range of feedback channels
- Raise specific points and arguments not covered elsewhere
- Relate to groups identified in the interim Integrated Impact Assessments (IIAs) as potentially being particularly impacted by the proposed changes
- Are likely to further inform the additional work that will need to be undertaken in future

Consultation overview and methodology



North Central London ICB's proposals

NCL ICB delivered a public consultation on behalf of the Integrated Care System and NHS England (London) Specialised Commissioning between 11 December 2023 and 17 March 2024. The consultation sought feedback on three areas:

1. Maternity and neonatal:

- I. Proposed to reduce the number of hospitals providing these services from five to four, and ensure that all have the same minimum level of neonatal care (Level 2)
- II. If the proposed changes went ahead, there are two options for where maternity and neonatal services would be delivered in future:

Option A: Barnet Hospital, North Mid, UCLH and Whittington Hospital (with services no longer provided from **Royal Free Hospital**) (identified as the preferred option)

Option B: Barnet Hospital, North Mid, UCLH and Royal Free Hospital (with services no longer provided from **Whittington Hospital**)

2. Standalone midwifery-led birth unit at Edgware Birth Centre: proposal to close the birthing suites (antenatal and postnatal care would remain on the site)

3. Children's surgical services:

- I. Proposal to create two new 'centres of expertise' to benefit babies and young children
- II. Centre for emergency and planned inpatient surgery proposed to be Great Ormond Street Hospital (GOSH) and centre for day case surgery proposed to be UCLH

What needs to be understood from the consultation

A questionnaire was developed which was designed to gather feedback on the proposals. The questionnaire had separate questions covering each of the three aspects of the proposals and these questions were then used as a framework for focus groups and meetings that were undertaken to gather feedback. At a high level, these questions covered:

- The characteristics / demographics of the person or organisation responding (e.g. gender, age, place of residence, capacity in which they were responding)
- Whether the challenges described were recognised, and the extent to which there was agreement that changes are needed
- The level of support for the proposal described, and which of the options for maternity and neonatal services was preferred
- Any alternative solutions that could address the identified challenges
- Any equalities impacts of the proposed changes

These questions allowed levels of support for the various proposals to be assessed, and how this varied by type of stakeholder or place of residence, as well as providing an opportunity for stakeholders to suggest alternatives, describe impacts and raise any other concerns.

Cumulatively, feedback from these questions ensure decision-makers are properly informed of the diversity of views from different stakeholders, in conjunction with a range of other available evidence, as they move towards making final decisions.

NCL ICB's approach to consultation (1 of 2)

NCL ICB delivered the 14-week consultation in line with their duty to engage and involve the public. The consultation was widely promoted and in-depth engagement opportunities were sought with service users identified through the interim Integrated Impact Assessments as potentially more impacted by the proposals. To ensure wide participation with the consultation, a range of feedback mechanisms were employed, including:

- Online and paper questionnaire
- Email
- Letter
- Telephone
- Focus groups
- Interviews
- Public drop-ins

A large amount of feedback was submitted through this range of feedback channels and, at this interim stage, analysis is ongoing and the full evaluation report is still being developed.

NCL ICB's approach to consultation (2 of 2)

The ICB developed two separate interim **Integrated Impact Assessments (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. 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):

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

As well as widely promoting the consultation for all to take part, the engagement programme was designed to target feedback from all of the groups identified in the interim IIAs. In addition, a wide range of stakeholders were engaged via an extensive and varied programme of activities and feedback channels. Feedback was invited on all proposals; many chose to respond on all, although some provided feedback on just one element.

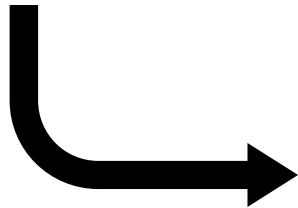
More information about the approach to consultation can be found in the ICB's Methodology, activity and reach report which is being separately published to the independent report on consultation feedback.

Consultation activities and responses



**11th December 2023 -
17th March 2024**

Formal public consultation
over a period of 14 weeks



Extensive promotion via print and social media driving **more than 6,300 unique visitors** to the consultation website



Consultation questionnaire (open to all)
- **3,112** responses (online and postal)
21 organisations and officials, **1,060 NHS staff**



199 ICB events and meetings, yielding:
- 41 sets of in-depth notes from **service users** and **residents**
- 29 sets of in-depth notes from **staff**
- 11 in-depth notes from **stakeholders** (statutory & community)
- A further 73 sets of less detailed notes (all stakeholders)



Independent groups convened by ORS with residents in **four key areas**: two identified as impacted by the interim IIA for maternity and neonatal services and two identified as impacted by the interim IIA for children's surgery



Written submissions and emails:
- **32** from **members of public**
- **48** from **NHS staff, stakeholder organisations & officials**
- 5 petitions, 1 standardised letter, 1 locally organised questionnaire



Commissioned engagement with four special characteristic groups undertaken by Verve Communications



July 2024

Preparation of interim report
of key findings from public
consultation feedback

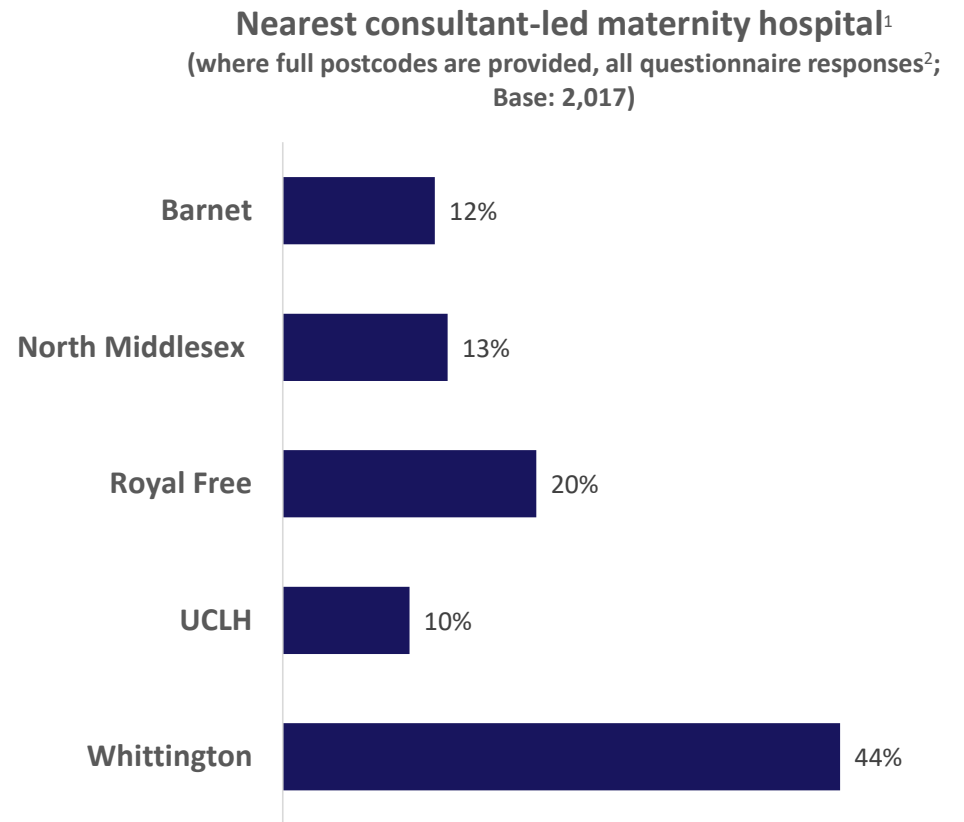
Views on provision of maternity and neonatal services



Response levels – maternity and neonatal services

Of the three sets of proposals, those relating to maternity and neonatal services received the most feedback:

- Around 3,000 (96%) of questionnaire respondents answered the questions relating to maternity and neonatal care
- Around 60 (80%) of the written submissions had feedback on the maternity and neonatal proposals
- The targeted engagement activities reached a diverse range of groups and all the groups identified in the Interim IIA and there are over 70 sets of detailed notes to review in relation to views on the proposals



¹ based on drive times, consistent with the interim IIA

² based on those who responded to the first question on maternity and neonatal proposals

Maternity and neonatal services: key findings

Across all activities, a **substantial majority** agreed that changes are needed to address current challenges facing services, with **67% of questionnaire respondents either strongly or tending to agree**.

There was overall agreement with the proposal that **all neonatal units in NCL should offer the same minimum level of neonatal care** (i.e. at least level 2):

- Nearly three quarters of questionnaire respondents (72%) either strongly agreed or tended to agree with this proposal, however, agreement was slightly lower among respondents who live *closest to Royal Free Hospital* (63%), and also among services users/parents/carers and local residents when compared to NHS staff

There was **less support** for the proposal to address challenges **by consolidating the maternity and neonatal provision in NCL**, providing services from **four sites rather than five**. Among those responding to the consultation questionnaire:

- Just under half of NHS staff members agreed (higher levels among neonatal staff, and lower levels among staff working in maternity services)
- Around a quarter of service users/parents/carers agreed; over three fifths disagreed
- More respondents *closest to Royal Free Hospital* disagreed (69%) – although disagreement was also fairly widespread in other areas

Some **general concerns** about the proposals were raised across different consultation activities, including:

- Whether reducing the number of sites offering maternity and neonatal care in NCL would exacerbate **the pressures on services**, disrupt effective working relationships, and create more issues around capacity, staffing and quality of care
- Travel concerns e.g., longer travel times, unreliable/infrequent public transport, congestion in NCL and increased cost of travel

If maternity and neonatal services were provided from fewer hospitals in future, then only questionnaire respondents who live *closest to Royal Free Hospital*¹ were more likely to say that Royal Free Hospital should continue to deliver these services (under **Option B**); those closest to other hospitals showed **higher levels of support for the NHS's preferred Option A** (to keep provision at Whittington Hospital):

- Through other feedback channels, the views of service users tended to be based on their proximity to either Royal Free Hospital or Whittington Hospital and whether they had a positive or negative experience of antenatal, maternity, and/or neonatal services at those hospitals

¹ based on drive times, consistent with the interim IIA

Maternity and neonatal services: key findings

Many similar arguments were mentioned in support of keeping maternity and neonatal services at both hospitals e.g., good transport links; they serve large, diverse populations.

Support for retaining maternity and neonatal services at **Whittington Hospital** (Option A) suggested:

- Option A is the safest and least disruptive option due to: the quality and nature of services already provided; the established multi-disciplinary team/effective use of Allied Health Professionals; that it is already an LNU (level 2) and managing more births than Royal Free Hospital (including concern as to feasibility of uplifting Royal Free Hospital to a level 2 unit)
- The importance of co-location with other teams/services e.g., paediatrics, haemoglobinopathy, sickle cell, Female Genital Mutilation (FGM) team
- Strong existing links with community resources and UCLH, including maternity pathways, which would be lost under Option B
- Serves a wide area with deprived communities, with poorer birth outcomes, and younger populations (e.g., North Islington, Haringey)

Support for retaining maternity and neonatal services at **Royal Free Hospital** (Option B) highlighted:

- Strong feedback (particularly from staff) relating to services currently provided at the site relating to maternal medicine pathways and the importance of specialties that are already on-site to **support high-risk pregnancies/births and manage perinatal emergencies** (including haematology, renal services, HIV unit, foetal medicine, interventional radiology, surgical expertise, transplantation and rare diseases), and it would be difficult to provide these at other sites/would put **pressure on other hospitals** such as University College London Hospitals NHS Foundation Trust (UCLH) or Barnet Hospital
- There is **joined-up working** between Royal Free Hospital and Barnet Hospital, with consistent policies between the two
- Royal Free Hospital was occasionally said to have **better quality buildings** than Whittington Hospital
- It is the hospital of choice for many, including ethnically diverse areas, and it **caters to the specific needs of local Orthodox Jewish communities**

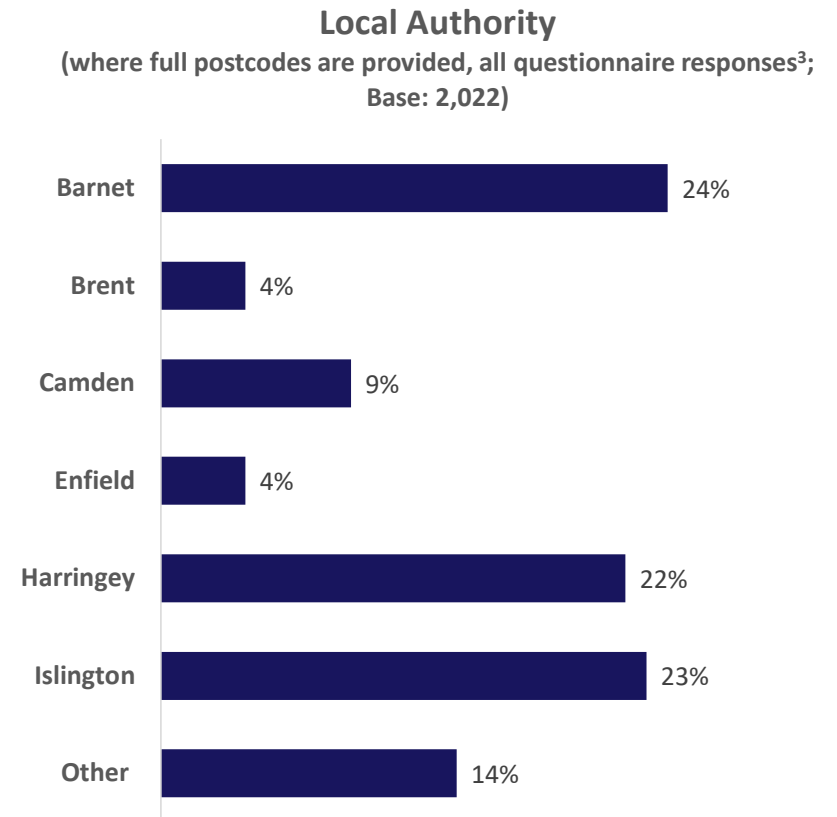
Views on changes to midwife-led birth unit at Edgware Birth Centre (EBC)



Response levels – Edgware Birth Centre

Of the three sets of proposals, it is likely that fewer people would be directly impacted by changes to birthing suites at EBC. Consequently, there was also the least feedback overall, although views were received from key stakeholders such as midwives, other NHS staff and previous service users:

- Around 2,750 (88%) of questionnaire respondents answered the questions relating to the standalone midwife-led birth unit at EBC
- Around 26 (33%) of the written submissions had feedback on the proposals relating to the EBC
- While the proposal relating to the EBC was discussed in many of the targeted engagement activities, there was less engagement with this topic from those participating. There are therefore fewer detailed notes to review in relation to views on the proposals



³ based on those who responded to the first question relating to the Edgware Birth Centre proposals

Edgware Birth Centre (EBC): key findings

Across all engagement activities, there was **broad recognition of the current challenges facing services and the need to make changes:**

- Most questionnaire respondents agreed that changes should be made to respond to the current challenges, although over a quarter (27%) of those living *closest to Edgware Community Hospital* disagreed

There was some **agreement with the proposal to close the birthing suites at EBC**, with many tending to cite the **low number of births** as the basis for supporting this proposal. Among those responding to the consultation questionnaire:

- Overall, about three fifths (59%) of respondents agreed with the proposal, however, disagreement was higher among respondents living *closest to Edgware Community Hospital* disagreed (41%) than those living closest to any other NCL hospital (21%)
- Sizeable minorities of service users (25%), local residents (36%) and NHS staff working in maternity, neonatal or children's surgery services in North Central London (21%) also disagreed with the proposal

Among those that **disagreed or raised concerns with the proposal**, it was highlighted/suggested that:

- EBC provides **good-quality care**
- It will **reduce patient choice** (including for lower socio-economic populations, and those from Harrow and Brent), and that there is evidence to suggest that standalone midwife-led birth units are the **safest option for low-risk births**
- Any closure should be accompanied by enhancements to midwife-led birthing provision elsewhere (and as close to home as possible)
- Some disputed the data that implies a lack of demand for the service or thought that **the number of births might rise** if the service was better publicised, or if a decision was taken to close maternity and neonatal services at the Royal Free Hospital

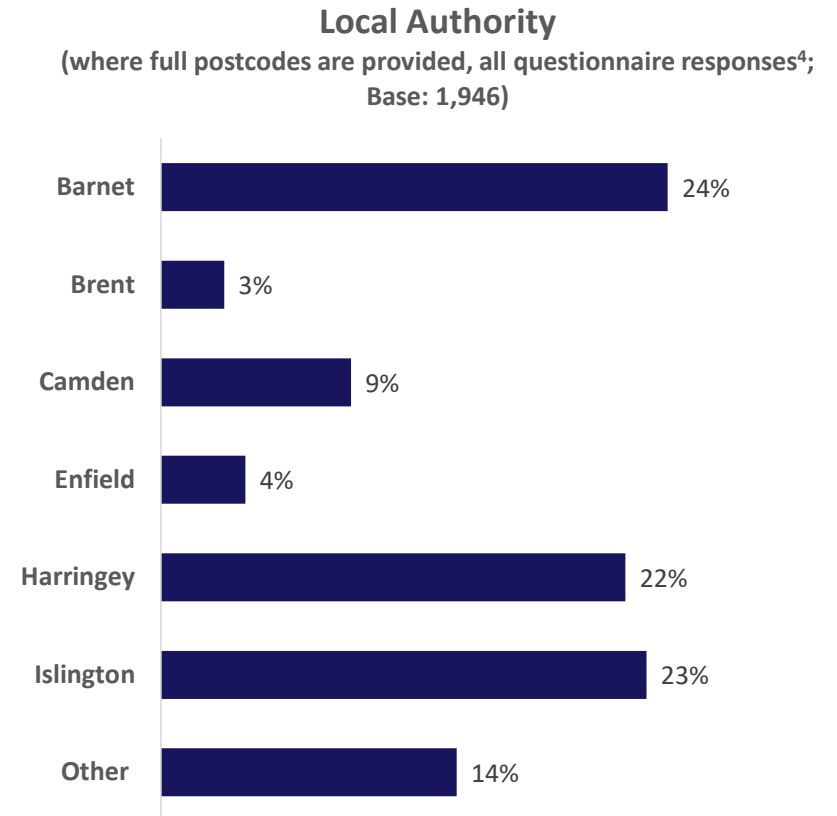
Views on changes to children's surgical services



Response levels – children’s surgical services

Of the three sets of proposals, there was less feedback relating to the children’s surgical services proposals:

- Around 2,500 (80%) of questionnaire respondents answered the questions relating to children’s surgical services
- Around 17 (21%) of the written submissions had feedback on the children’s surgical services proposals
- There are approximately 26 sets of detailed notes from targeted engagement activities to review in relation to views on the proposals



⁴ based on those who responded to the first question relating to the children’s surgical services proposals

Children's Surgical Services: key findings

Most questionnaire respondents and participants in other consultation activities **agreed that changes should be made to improve children's surgical services**, although, in the questionnaire, agreement was slightly lower among parents/carers of children who had experienced these services.

There was majority agreement that **the proposal to create two new 'centres of expertise' would benefit babies and young children** (although agreement was lower among questionnaire respondents who work in these services), and that, if created, the **planned inpatient and emergency surgery centre should be at Great Ormond Street Hospital for Children (GOSH)**, and the **day case centre should be at UCLH**.

Although, this came with some caveats, including:

- The importance of maintaining anaesthetic skills at other hospitals to support intubation and ventilation in A&E/resus scenarios
- The importance of paediatric surgery trainees having adequate support, and that the current on-call shift intensity is reviewed
- Current capacity and bed availability at GOSH for local children with surgical emergencies, and the need to ring-fence in future
- Confusion over which age groups are affected/whether and how older children will be impacted
- Improvement needed to communication re. planned surgery, discharge planning, post discharge information, and follow up

Some suggested **mitigations for travel**, such as accommodation for children's families and subsidising transport/parking costs

Some respondents, NHS staff in particular, made **suggestions** e.g., whether:

- **UCLH should instead be** the centre of expertise for **emergency surgery**, due to its long-established expertise in paediatric anaesthesia
- Children's day care surgery could be located at the hospital that would no longer provide maternity services
- Two large **neonatal/paediatric hubs should be created** in NCL and North West London, that are spokes of GOSH/UCLH, to reduce travel and improve long-term sustainability
- **Funding should be redirected** to improve skills and staffing in centres currently providing the services

Children's Surgical Services: key findings

Wider NHS staff were typically happy with the proposals; however, some **significant concerns** were raised by **staff working in children's surgical services, and from GOSH as an organisation, regarding proposed changes to services at GOSH.**

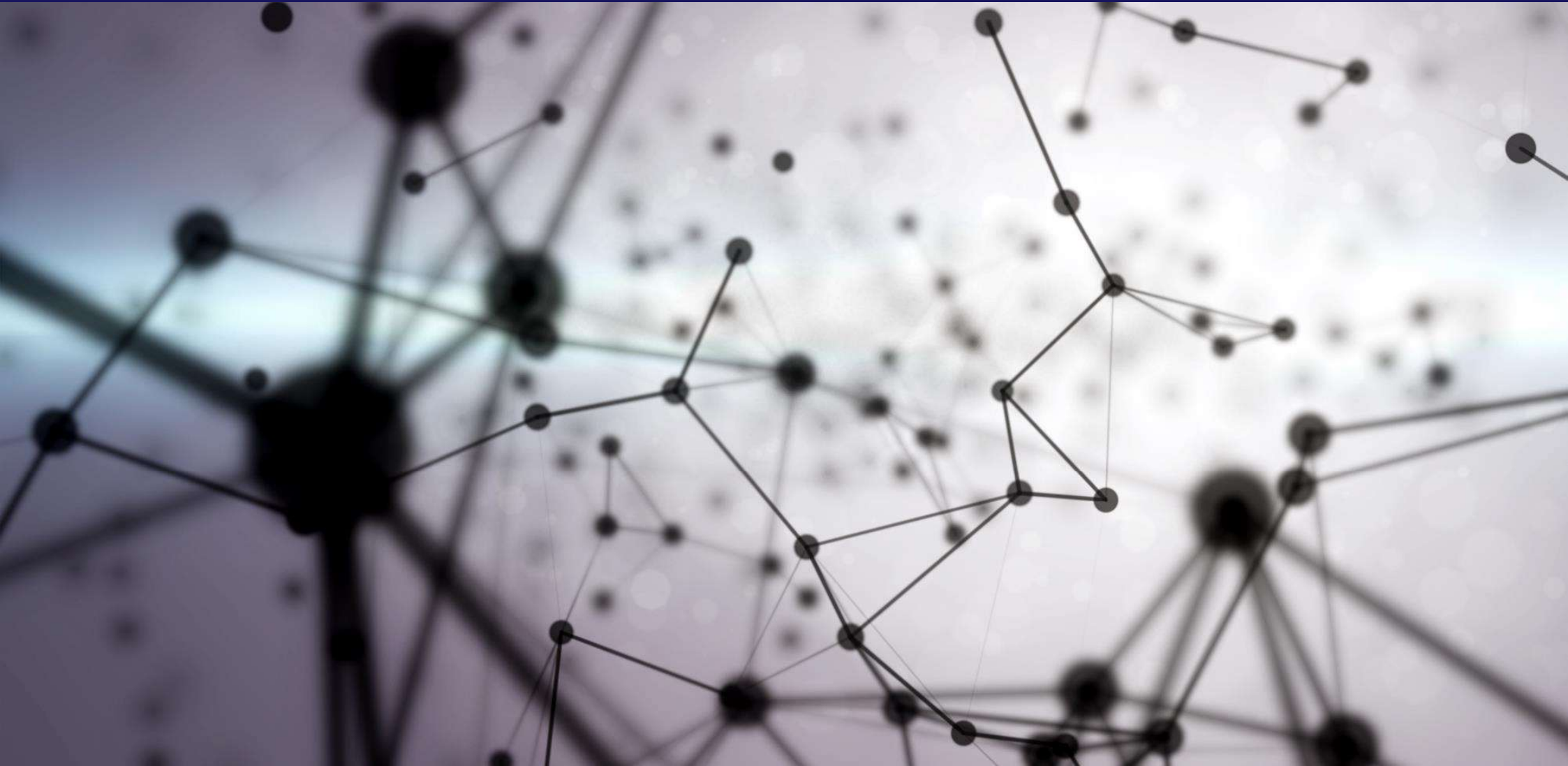
Concerns from NHS staff/teams (at GOSH in particular) include:

- The proposals could impact how GOSH works – ‘overloading’ GOSH with emergencies hasn't worked in the past, it risks disrupting specialist elective operations, and **may impact the efficiency and safety of the highly specialised and quaternary care** (that is unavailable elsewhere in the UK)
- Concern about **insufficient space and staffing levels**, the ability of GOSH departments to provide specialist care (e.g. for children with complex urology conditions), and the proposed **funding is perceived by some as inadequate**
- **Lack of clarity regarding pathways** (e.g., for transfers between A&E and proposed specialist centres), with many highlighting the importance of avoiding duplication or transfer delays
- Certain specialisms not being covered at the proposed locations (e.g. ophthalmic care at UCLH, plastic and emergency orthopaedic surgery at Royal Free Hospital), whether GOSH might need to retain *some* day case surgery where it requires input from multiple specialities
- Impacts on training and **risk of ‘de-skilling’ of staff in other hospitals**

Formal organisational feedback from the GOSH Executive Team raised a number of concerns regarding the ability of GOSH to deliver the proposed services, including:

- That the consultation provided valuable, detailed feedback from the staff, leading them to conclude that the proposal requires further refinement
- As an organisation they are committed to addressing the challenges related to emergency surgical pathways. However, due to the potential unintended consequences of the current proposal and the suggestion that the Centre of Expertise for emergency surgery would be ideally placed to be delivered at a site with an adjacent paediatric emergency department, they propose that further work with partners, and including the North Thames Paediatric Network, may result in developing a more effective alternative solution

Appendix



Organisations responding to the questionnaire

NHS and healthcare clinical groups:

Haringey Health and Wellbeing Board
Royal Free Hospital - HIV Services
Royal Free Hospital - Maternity Unit
North Thames Paediatric Network, Surgery in Children
Leadership Team
Parent and Baby Psychology service, Islington CAMHS
The Red Cell Network: Haemoglobinopathy Coordinating Centre
Whittington Health - Universal Health Services for Islington
Whittington Health – AHP response

Local Government/elected representatives:

Children's Services, London Borough of Islington
Islington Council
2 x London Borough of Islington councillors

Other groups:

An unnamed carers group
Barnet Asian Women's Group
Chana Charity
Elena Jeffers Foundation
Interlink Foundation
Response on behalf of voluntary doulas serving North
London's Jewish communities

Written submissions received (1 of 2)

Submissions of feedback have been received from both **individuals** and **stakeholders** (including organisations and NHS staff). All will be summarised in the final written report.

NHS and healthcare organisations:

Great Ormond Street Hospital for Children NHS Trust (GOSH)
Whittington Health NHS Trust
Evelina London Women's and Children's Clinical Group, Guy's and St Thomas' NHS Foundation Trust (GSTT)
London Neonatal Operational Delivery Network (ODN)
South Thames Paediatric Network (STPN)
Royal College of Midwives

NHS leads:

Getting It Right First Time (GIRFT) Clinical Lead for Paediatric Trauma and Orthopaedics at NHS England
GIRFT Clinical Lead for Paediatric General Surgery and Urology, and National Clinical Director for Children and Young People at NHS England

Healthcare providers/teams:

GOSH - Department of Plastic and Reconstructive surgery
GOSH - Specialist Neonatal and Paediatric Surgery, Department of Spinal (orthopaedic) Surgery
GOSH - Department of Paediatric ENT
GOSH - Department of Paediatric Urology
Royal Free Hospital (RFH) - All psychological therapies staff
RFH - Haemophilia Centre
RFH - Multi-disciplinary team (MDT) in the Ian Charleson Day Centre (ICDC)
RFH - Multi-disciplinary team (MDT) of consultants and specialist midwives
GOSH, RFH and Moorfields Eye Hospital (MEH) - Consultant Paediatric Ophthalmologists
University College London Hospitals NHS Foundation Trust (UCLH) - Paediatric and Adolescent Division
Whittington Health - Neonatal and Paediatric Consultants
Whittington Health NHS Trust - Allied Health Professional (AHP) response
Edgware Birth Centre – Community Midwives

Written submissions received (2 of 2)

Local Authorities/Councils:

Barnet Council (Barnet Adults & Health Overview and Scrutiny Sub-Committee)
Brent Council (Cabinet Member for Public Health and Adult Social Care and Health and Wellbeing Board Chair)
Camden Council
Haringey Council

Political parties and elected representatives:

Bambos Charalambous, Member of Parliament (MP) for Enfield Southgate
Catherine West, Member of Parliament (MP) for Hornsey and Wood Green
Councillor Muhammed Butt (Leader of Brent Council) and other elected members
David Pinto-Duschinsky, Labour Parliamentary Candidate for Hendon
Hampstead and Highgate Constituency Labour Party
Islington Labour
Jeremy Corbyn, Member of Parliament (MP) for Islington North
Joanne McCartney, London Assembly Member (AM) for Enfield and Haringey
Krupesh Hirani, London Assembly Member (AM) for Brent and Harrow
Sarah Sackman, Labour's Parliamentary Candidate for Finchley and Golders Green
Labour Party
Tulip Siddiq, Member of Parliament (MP) for Hampstead and Kilburn

Other organisations/representatives:

Healthwatch Islington & Islington Somali Community
Manor Gardens Welfare Trust (MGWT)
Rabbi Natan Asmoucha, Chaplaincy – Spiritual Care at Royal Free Hospital
Maternity and Neonatal Voices Partnership (MNVP) at Royal Free Trust
MNVP Chairs and Co Chairs in NCL

Individuals (NHS staff):

Feedback was received from 8 individual NHS staff members (including clinicians and midwives)

Other individuals:

Feedback was received from 33 individuals (including local residents and former MNVP co-Chair at Royal Free and Barnet Hospitals)
Other emails included requests for more information/consultation material

Petitions received

1. Yasmine Huq - Royal Free Obstetrician, via Change.org (started 1st February 2024, c. 3,850 signatures)

“Save Maternity at the Royal Free Hospital”

2. Catherine West, Member of Parliament for Hornsey & Wood Green (1,458 signatures)

“Save the Whittington Maternity Unit”

3. Islington Labour (1,158 signatures)

“Save Whittington's Maternity Unit”

4. Tulip Siddiq MP, Member of Parliament for Hampstead and Kilburn (555 signatures)

“Save the Royal Free Hospital's Maternity Unit”

5. Camden Green Party (389 signatures)

“Save Our Maternity Services”

6. Islington Keep Our NHS Public (Template letter signed and submitted by 113 individuals)

“Save Whittington maternity services: respond to the consultation now”

7. Royal Free Maternity & Neonatal Voices Partnership Survey (findings from a locally organised *questionnaire*, launched and concluding prior to the formal consultation)

“Women and Family's feedback on Start Well's proposed changes to Maternity Services across NCL”

As with all our studies, findings from this research are subject to
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This study was conducted in accordance with ISO 20252:2019

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