

aiac

**Association of Independent Advice
Centres (NI)**

Social Policy Briefing

31 January 2003

A New Centralised Maternity Hospital for Belfast

AIAC highlight some issues for consideration

Although the consultation document is entitled “*A New Centralised Maternity Hospital for Belfast*” the issue of a centralised maternity unit has Northern Ireland wide implications. For example, in cases where complications arise and newborn babies are unwell, such cases may very well need to be transferred to the new centralised maternity hospital. In addition the services provided by the new hospital might have knock-on implications for the viability of services in other hospitals. As such the decision as regards where to site the new hospital could affect all of us.

Background¹

As stated in the consultation document, this issue dates back to 1991 when the Eastern Health and Social Services Board undertook a comprehensive strategic review of hospital services in the area. In 1994 the then Minister for Health, Social Services and Public Safety, Baroness Denton of Wakefield, accepted the recommendation to bring together the maternity services of the Jubilee (Belfast City Hospital) and Royal Maternity Hospital on one site.

So began a lengthy process, neatly summarised by one of the consultees (Altnagelvin Hospitals Health & Social Services Trust) as follows:

1991	EHSSB Strategy	-	merger proposed
1994	Minister	-	merger accepted
1996	‘Seeking a Balance’	-	locate Unit on 3 Floors of Belfast City Hospital
1997	Donaldson Report	-	locate on Royal site
1999	(June) Jubilee Review	-	procedural unfairness
1999	(December) Minister	-	locate on Royal site
2000	Jubilee Review	-	decision quashed
2000	New consultation process		

This stage of the consultation process began on 8 November 2002 and was due to end on 31 January 2003. However the Minister, Des Browne, issued a Press Release² on 30 January 2003 extending the consultation period until 28 February 2003.

¹ For further information please visit www.dhsspsni.gov.uk/publications/index.html

² Press Release can be viewed at <http://www.ni-executive.gov.uk/press/hss/030130c-hss.htm>

In this Press Release the Minister said:

“The new maternity hospital will be a vital resource for Belfast and beyond and I am determined to bring this matter to a successful conclusion as soon as possible. However, the proposals in the consultation document A New Centralised Maternity Hospital for Belfast are of significance to the whole community and I place great importance on hearing the views of everyone who might wish to comment on them.”

AIAC have already submitted a response to the consultation document. The main points covered are as follows:

- Any final site of the centralized maternity hospital needs to have adequate staffing; beds; equipment to ensure the best possible service for patients. Whilst the arguments for the benefits of a centralised service are well rehearsed, in the wider economic environment centralisation usually means job cuts and financial restrictions. An interesting comparison would be to compare spend and provision of the two maternity hospitals when they were operational with that proposed in the centralised hospital. There should be careful consideration given to ensuring that service provision is not placed second to budgetary considerations.
- Specific attention needs to be given to ensure that care is provided at a consistent level at night and at weekends. There might be a concern currently that consultants and other highly experienced staff may be unavailable outside of ‘office hours’ and hence service provision may not be provided at a consistent level either throughout a 24-hour period; or across a seven-day period.
- Particularly in cases where complications arise, patients may wish a second opinion on the care being provided. There needs to be an assessment of how this patient need can be catered for within the context of a centralised service;
- Any final site of the centralised maternity hospital needs to have adequate telephone facilities for patients and visitors. There should also be an assessment of the ‘Patientline’ facility, particularly in terms of the cost per call and how this meets TSN. Does this facility create further problems for those in financial difficulties?
- Within the consultation document there is conflicting information as regards complications during pregnancy.
Page 31 “serious complications are now unusual”;

Page 35 “30% of mothers may be high risk”

Conditions such as pre eclampsia affect up to 10% of pregnancies and these in themselves may be very serious. HELLP syndrome is fatal in around 1% of cases. Other complications (whilst not common) can include respiratory problems, lung failure, kidney failure, liver failure, blood clotting and haemorrhaging.

On a wider level, mothers are increasing putting off having children until later in life which may also lead to increasing numbers of cases which give rise to complications.

There is a very important need for ‘seamless delivery’ between the centralised maternity and any medical facility – both for mothers who experience problems and babies at risk. The consultation document looks in particular at the scenario where babies need to be transferred to the RHSC: in addition there should be close attention to cases where mothers experience complications and need to be transferred into an intensive care setting. This may not happen in many cases at present, not because the need is not there – but because of the very real difficulties in enabling any transfer to take place. At present the need for an ambulance to transfer cases from the Royal Maternity Hospital to the ‘new’ hospital is unacceptable – particularly considering the pressures facing the ambulance service across Belfast.

Similarly patients need to be transferred for X rays and various scans to the ‘new’ building which again creates transfer problems at present - a situation which should be addressed in the new centralised maternity hospital;

On a similar point, where mothers and babies are separated in terms of baby being in the SCBU and mother on the ward, there should be a facility where mothers can be in a ward which is as near as possible to the SCBU. Often the mobility of mothers after birth can be severely restricted and this needs to be taken into account.

- The final site needs to have adequate resources in terms of car parking facilities. Again an assessment of charging for this facility would be helpful, and the impact of such charges on the less well off. In cases where complications arise, consideration should be given to having a maximum tariff where a visitor has to remain for a long period of time;
- The final site needs to have adequate resources in terms of banking / ‘hole in the wall’ facilities;

- Any final site of the centralised maternity hospital needs to have adequate resources in terms of retail outlets – preferably on site;
- The issue of access is important both in terms of Belfast, but also taking into account the fact that the centralised hospital will be the referral site for urgent cases from across Northern Ireland and possibly beyond. Consideration would need to be given to access at all times throughout the day and throughout the week. Because pregnant women usually have to make their own way to the hospital issues such as traffic congestion at peak times will be a factor in slowing progress to hospital.

Apart from transport by car, thought should be given to other forms of transport which may be used such as train, bus and even air in urgent cases. Ideally any centralised hospital will seek to maximise these options both for the sake of women and visitors.

To date the consultation process has generated a number of responses³ and we have reproduced some of the issues raised with a view to stirring further debate. Although we have tried our best to reflect the range of views expressed in balanced fashion, we would urge readers to visit the site highlighted below to read the full version of all the responses forwarded to the Department.

Western Area Medical Advisory Committee

“There has been little attention paid to the problems associated with car parking and in particular to car parking at the City Hospital site. It is essential that wherever the new Unit is sited, this problem is adequately addressed.

The birth rate in NI over the past number of years has been falling. The total number of births for the Royal Jubilee Hospital was approximately 4,700 in 2001. In the consultation paper under 3.20 a Unit comprising 6,000 births is being considered. It is difficult to see how this number can be achieved without the closure of surrounding smaller maternity units such as the Mater, Lagan Valley and Downpatrick.

In conclusion, the evidence appears to be greatly in favour of locating the single centralised Maternity Hospital for Belfast on the Royal site. The capacity of the unit must be such that it can cope with the anticipated numbers and indeed if adjacent smaller hospitals should close then it should be able to accommodate these as well. Gynaecological services and maternity services must be centralised on the same site. This will address the problems associated with split site hospitals that have been highlighted by the Royal College of Obstetricians and Gynaecologists.”

³ Can be viewed at <http://www.dhsspsni.gov.uk/hss/maternity/maternity.html>

The Obstetric and Gynaecology Sub-Committee of AMAC. Eastern Health and Social Services Board.

The committee did not feel that one site offered any particular overall clinical advantage when compared to the other site. Both Trusts have produced proposals for a new centralised maternity hospital for Belfast that could provide a modern, first rate, sustainable local and regional maternity service for women, mothers and babies in the years to come.

Dr J Hughes

Consultant Paediatrician based in a District General Hospital in Northern Ireland (Daisy Hill Hospital).

“In this debate it is crucially important that the interests of Sick Neonates remain a very high priority. For this reason it is only logical that the proposed new Central Maternity Hospital, is located adjacent to and on the same site as a Regional Children’s Hospital.

Practically this means that the new hospital can only sensibly be located at a site adjacent to the Royal Belfast Hospital for Sick Children. It is important that this group of vulnerable neonates get easy and immediate access to the Paediatric Specialities of Nephrology, Neurology, Paediatric Surgical, Cardiology, Paediatric Radiology and Paediatric Anaesthesiology. This is only possible if the Neonatal Intensive Care Unit is situated adjacent to the Children’s Hospital. Any move to another site, for example, at Belfast City Hospital, would be very much to the detriment of this group of children and ultimately to their health.

During my training, which occurred in the last 10 years, I worked in both Royal Maternity and the Jubilee Hospital. Both of these were excellent Neonatal Units. However I know how difficult it was when I was working in the Jubilee Maternity Hospital, to get easy access to the above specialities. Any move to put a Central Maternity Hospital at the Tower Block Site would be a backward step and cause significant problems for this group of vulnerable children.

TAMBA

“Multiple births are higher risk than singleton pregnancies ... we as an organisation would be concerned about the issue of transferring sick babies, not only because of the health of the babies, but also because of the deleterious effect that separation has on the mother-baby relationship.”

Northern Health & Social Services Board

“The main factor in favour of the Royal site is that the new centralised maternity hospital would be immediately adjacent and physically linked to specialised paediatric services in RBHSC, facilitating the care of sick neonates. The main factor in favour of the BCH site is that the new centralised maternity hospital would be close to the adult ICU/HDU in the Tower Block, with a physical link between the two buildings.

Michael McGimpsey MLA

“A major consideration favouring the location of the new Maternity Unit at BCH is that it provides a neutral environment for Protestant working class communities in South Belfast ... BCH already also provides high quality maternity services and has one of the best gynaecology units of the United Kingdom within the Tower Block. This represents a compelling argument in favour of the new Maternity Unit being sited there.”

Ronald J Atkinson

Consultant Medical Oncologist, BCH Trust

“There are around 400 women with new gynaecological cancers per year in NI. Specialist surgery, chemotherapy and radiotherapy services are vital and unique for each of the four main types of cancer – Ovarian, Cervical, Uterine and Vulval ... Split site gynaecological proposals would not improve communication, patient care or research projects. Instead this would be a retrograde step.”

Professor D R Hadden, Honorary Professor of Endocrinology, QUB

“Both proposals are possible but the neonatal paediatric link must have overriding priority.”

Causeway HSST

“Despite improvement in neonatal transfer, it has been clearly demonstrated that transferring very ill babies requiring neonatal intensive care, even over a short distance has a detrimental effect on outcome.”

Central Manchester and Manchester Children’s University Hospitals

“The advantages of maternity services being in close proximity to specialist paediatric services have been well rehearsed and the benefits of creating a critical mass of expertise in close proximity cannot be overstated.”

Queens University Belfast

“Neonatologists and paediatricians are unanimous in their support for having the new Maternity Hospital beside and adjoining the RBHSC.”

Sperrin Lakeland Health & Social Care Trust

“The proposal that makes the greatest sense is that the maternity services should be concentrated on the same site as the paediatric services.”

One consultee is worthy of special mention and that is the Adams Family Practice, Portadown.

Adams Family Practice, Portadown

Day and daily GP's are witness to the most appalling waste of money, while being pressurised from all sides to save money on prescribing methods and practice procedures. This latest small telephone directory, concerning the consultation paper for the new maternity hospital, is yet another case in point. Whoever is responsible for the decision to produce multiple copies of this document and sent it to GP's amongst others, should be dismissed summarily on the spot.

This view is very often typical of the feeling of many organisations who are struggling to maintain their services in a very uncertain funding climate.

How to Respond to 'A new Centralised Maternity Hospital for Belfast'

Should you wish to participate in this consultation exercise, you can forward your views to:

Tom Reid
Room 111
Dundonald House
Upper Newtownards Road
Belfast
BT4 3SF

Or email: tom.reid@dhsspsni.gov.uk

Comments should be received no later than 28 February 2003.

Copies of the document can be obtained by telephoning 028 9052 5013 or by visiting www.dhsspsni.gov.uk/publications

Contact information on this briefing:

Bob Stronge (Director)
Kevin Higgins (Membership Support Worker)
Fiona Magee (Membership Support Worker)
Association of Independent Advice Centres
303 Ormeau Road
Belfast
BT7 3GG
Tel: 028 9064 5919
Fax: 028 9049 2313
Email: bob@aiac.net
khiggins@aiac.net
fiona@aiac.net
Website: www.aiac.net

AIAC Mission Statement

AIAC is a voluntary organisation for the independent advice sector in Northern Ireland, representing and giving voice to its members aspirations to deliver effective and holistic, community or issue-based advice through the provision of services, support and development opportunities.

Values

As a membership organisation, our values are embedded in promoting the application of creative community development approaches to advice giving, which place people and communities at the centre of the process and involves them in finding solutions and making informed choices.

AIAC believes in

Quality advice which is delivered free.

Advice services which are impartial and non-judgemental and respect the individuals dignity.

Advice which is wholly confidential, and accountable to the public.

Independent advice, which is free from statutory or private control and is both non-party political and non-sectarian in nature .

Advice services which are aimed specifically towards overcoming social exclusion.

Offering people choice through the provision of flexible, accessible advice services.

Social Policy Briefing

END