



Better Beginnings Consultation

Independent Public Question Time Events

*****ABSTRACT*****

This document is an executive summary from East Sussex Community Voice (ESCV), of the key discussion points raised during three independent Question Time events, arranged by ESCV to support the Better Beginnings consultation.

March 2014

East Sussex Community Voice - Registered CIC: 08270069

1. Executive Summary

- 1.1. This document is an executive summary from East Sussex Community Voice (ESCV), of the key discussion points raised during three independent Question Time events arranged by ESCV to support the Better Beginnings consultation.
- 1.2. The main purpose of this summary is to give the HOSC an overview of the types of questions posed by attendees at the Question Time events, and in particular to highlight the areas where answers from the Clinical Commissioning Group officers were not accepted by the audience or where more detail would inform the process.
- 1.3. More information is available on the consultation at the Better Beginnings website www.betterbeginnings-nhs.net/get-involved/events/, by calling 01273 403563 or emailing hrccg.betterbeginnings@nhs.net

2. BACKGROUND

- 2.1. A core East Sussex Community Voice (ESCV) service is to deliver the Healthwatch East Sussex function (HWES).
- 2.2. The key Healthwatch East Sussex objectives are:
 - Gathering views and understanding the experiences of patients and the public
 - Making peoples' views known
 - Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized
 - Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
 - Providing advice and information about services and support for making informed choices
 - Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion
 - Provide NHS Complaints Advocacy via a partner agency under contract
- 2.3. **Better Beginnings Consultation:** This consultation programme being delivered by the three Clinical Commissioning Groups (CCGs) relates to the future provision of maternity and in-patient paediatric services in East Sussex and emergency gynaecology. There are 6 options under consideration and these are detailed in the consultation documentation.

- 2.4. **Maternity and Paediatrics Programme Board:** East Sussex Community Voice, under its Healthwatch East Sussex function, was invited to join the Programme Board by the CCGs as a non-quorate member.
- 2.5. ESCV has attended each Board, with lead representation from Julie Fitzgerald (ESCV Director), and deputised by Richard Eyre (Stakeholder Relationships Manager).
- 2.6. **Maternity and Paediatrics Communications and Engagement Working Group:** ESCV was also invited to participate in this working group. Our main purpose has been and continues to be to provide advice and support for the overall process including communications tools, engagement, the consultation design and use of accessible language.
- 2.7. ESCV has also supported the CCGs in organising additional focus groups via our partner framework. These have targeted key groups identified in the Equality Impact Assessment (EIA) that may require additional publicity and promotion of the consultation, and support in understanding how the options may affect them. The groups identified and the organisation delivering the work are indicated in the table below:

Vandu Language Services	Ethnic minorities particularly migrants
East Sussex Disability Association	Recent or potential maternity and / or paediatric service users with a disability or long term health condition
Care for the Carers / East Sussex Parent and Carers Council	Parents / carers of children with complex needs or long term conditions
Friends, Families and Travellers	Gypsies and Travellers
SPARK	Young parents

3. Why hold Question Time events?

- 3.1. ESCV suggested to the Programme Board that additional value might be brought to the consultation process through an independent forum at which the public could ask questions directly of decision makers, make their views known, and that promoted involvement of people in the commissioning and provision of local care services.
- 3.2. The solution was for ESCV, through delivery of its Healthwatch East Sussex function, to hold three independently Chaired Question Time events, one for each CCG area.

4. Meeting structure and panel

4.1. The event structure was designed similar to that of a BBC Question Time. With a panel (see below) made up of representation from the local CCG, elected representatives, independent clinicians (when available) and local campaign / interest groups.

Event timeline	
Welcome and introduction	5mins
Better Beginnings update	10mins
Comments / questions from the non-CCG panel members	10mins
Questions from the public	60mins
Final thoughts from the panel	5mins
Summary from the Chair	-

Panel structure
Role
Independent Chair person
CCG area based Campaign group
CCG area MP(s)
CCG Maternity and Paediatric Programme Lead
CCG Maternity and Paediatric Clinical Lead
CCG Senior Manager
CCG Patient Public Involvement Lead
Independent Maternity Clinician (Uckfield only)
Independent Paediatric Clinician (Uckfield only)

4.2. The objective for the Question Time events was to support the consultation process by providing people an additional independent environment to question and raise concerns with the key decision makers. It was hoped attendees would be supported to gain sufficient knowledge and information from which they could confidently go away and complete a consultation document.

4.3. It was also felt important that this could be an environment for other individuals / groups with a significant interest in the consultation to provide answers to public questions.

- 4.4. The further consideration, which due to timing has only been available for the Uckfield event, was for representation from independent maternity and paediatric clinicians who have supported the development of the consultation options. ESCV did however suggest at both the Hastings and Eastbourne events, that if people had questions for these panellists, we would raise them with the clinicians and provide feedback to the individual, HOSC and the CCGs.
- 4.5. **Event timings:** This consultation is of county-wide relevance and ESCV intended for people to feel welcome to attend any event, not just the one in their local area.
- 4.6. Our original thinking was to hold one day time (Eastbourne) and two evening (Hastings and Uckfield) events. This was to ensure that people with commitments which made it impossible for them to attend evening events had an opportunity to still come and have their voices heard in an independent environment.
- 4.7. ESCV received formal representation from the Leader of Eastbourne Council, Cllr David Tutt, and the Eastbourne panellists' Liz Walke (Save the DGH) and Stephen Lloyd MP, which raised concerns that a daytime event might prejudice the Eastbourne public view, as the timing was not accessible.
- 4.8. As take up for the daytime event was at that stage minimal, ESCV re-scheduled the event to an evening time slot. At the Eastbourne event, a member of the public did query why a daytime version of the Question Time had not been made available, especially for parents who could not get out to an evening event. ESCV has noted this, and will duly consider it in future planning of similar events.
- 4.9. **Publicity and communications:** ESCV used a variety of methods to publicise the three events. Via the Healthwatch East Sussex and Better Beginnings websites, through our e-bulletin and contacts lists, through partner update lists and also to local media. Air time includes on the BBC Sussex Drive Time show (10 March), and written media included coverage in the Sussex Express, Eastbourne Herald and Hastings Observer.
- 4.10. A final point to note is that the Question Time events formed a part of the wider consultation engagement activity provided by the Clinical Commissioning Groups (CCGs), thus they were one of a number of events which provided opportunities for people to go and find out information and to raise their concerns.

5. Hastings Question Time - key information for HOSC

- 5.1. Appendix A lists an abridged version of questions raised by attendees.

5.2. The panel for this event is detailed in the table below:

Role	Name
Independent Chair person	Julie Fitzgerald
CCG area based Campaign group	In the audience, not on panel.
CCG area MP(s)	Apologies received.
CCG Maternity and Paediatric Programme Lead	Amanda Philpott
CCG Maternity and Paediatric Clinical Lead	Greg Wilcox
CCG Senior Manager	Jessica Britton
CCG Patient Public Involvement Lead	Barbara Beaton

5.3. Although attendance at Hastings was low (10), a worthwhile discussion took place. Amongst the key concerns / comments were the following:

- that travel times affect patient safety
- that the road infrastructure is not sufficient across the county to support patient transfers
- request for information on how statistics used to inform the consultation document
- information on which factors will inform the decision on which site to locate services
- what guidance was used to inform staffing levels for maternity services
- training to be a midwife currently feels like training to be an obstetric nurse
- current mentor levels are low due to staff distribution
- equipment provision is not supporting equality of choice for women
- would two midwife led units be feasible in the long term
- does the decision of the 3 CCGs need to be unanimous, or is a two to one vote feasible
- will petitions affect the decisions made by the CCGs
- credit was given to the CCG for attending the event and working with Healthwatch East Sussex

5.4. **Summary:** The main reflections from the audience were almost entirely related to the options for maternity provision, with no specific concerns raised on the paediatric options.

5.5. The CCGs provided relevant and evidence led answers to questions.

5.6. One area, on which there was uncertainty, was on the effect a split CCG

decision (two to one) would have on the final decision. This is an area which HOSC may wish to consider further.

6. Eastbourne Question Time – key information for HOSC

6.1. Appendix B lists an abridged version of questions raised by attendees.

6.2. The panel for this event is detailed in the table below:

Role	Name
Independent Chair person	Julie Fitzgerald
CCG area based Campaign group	Liz Walke - Save the DGH
CCG area MP(s)	Stephen Lloyd MP
CCG Maternity and Paediatric Programme Lead	Amanda Philpott
CCG Maternity and Paediatric Clinical Lead	Mark Barnes
CCG Senior Manager	Catherine Ashton
CCG Patient Public Involvement Lead	Frances Hasler

6.3. Attendance at Eastbourne was 37. Amongst the key concerns / comments were the following:

- there is confusion about current paediatric service delivery
- safety issues around transferring children with complex medical needs over distance, some parents had moved nearer to the hospital due to the severity of the child's need to avoid long travel times
- that road infrastructure affects safety and travel times
- how will peoples' views be weighted and reflected in final decision
- a situation similar to Mid Staffs happening in East Sussex if 2 site options are not delivered
- what consideration has been given to low risk births that become high risk and require intervention
- what process and evidence informed the decision to implement the temporary changes
- what external factors are affecting recruitment and therefore achievable staffing levels in units, i.e. visa restrictions
- why were services allowed to reach crisis point
- what will be done to change the perception Eastbourne DGH is being run down
- despite quality and safety guidelines, how will the CCGs justify their decision if the general community consensus is for services to be provided at both

Hastings and Eastbourne sites

- how do the local CCG representatives justify making a decision that could be to the detriment of Eastbourne, Hailsham and Seaford residents

6.4. **Summary:** The main reflections from the audience were on both maternity and paediatrics services, with a slight higher reference to paediatrics.

6.5. The CCGs provided relevant and evidence led answers to questions.

6.6. One area which HOSC may wish to consider further is if the general community consensus is for services to be provided at both Hastings and Eastbourne sites, how will the CCGS incorporate this feedback into their decision making process?

7. Uckfield Question Time – key information for HOSC

7.1. Appendix C lists an abridged version of questions raised by attendees.

7.2. The panel for this event is detailed in the table below

Role	Name
Independent Chair person	Julie Fitzgerald
CCG area based Campaign group	Tiffany Diamond
CCG area MP(s)	None attending
CCG Maternity and Paediatric Programme Lead	Frank Sims
CCG Maternity and Paediatric Clinical Lead	Elizabeth Gill
CCG Senior Manager	Ashley Scaff
CCG Patient Public Involvement Lead	Alan Keys
Independent Maternity Clinician	Ryan Watkins
Independent Paediatric Clinician	Matthew Jolly

7.3. Attendance at Uckfield was 27. Amongst the key concerns / comments were the following:

- that the consultation focuses too much on location of services and not patients pathways
- improving access to patient records for women who go to Pembury, but who originally registered with ESHT?
- there is a desire for Crowborough Birthing Centre to be managed by Maidstone and Tunbridge Wells NHS Trust
- there was a request for the East Sussex CCGs to influence Kent CCGs to take on board needs of East Sussex residents

- there is a concern future population growth in Wealden has not been considered in the consultation
- there was confusion over why women are transferred to Conquest Hospital when Pembury is closer
- attendees questioned whether the Hastings / Eastbourne options are equally viable
- attendees felt the consultation should be about the residents needs not boundaries of the NHS Trusts
- clarity was asked for, on how the final decision will be reached if the other CCGs want different options
- attendees were concerned about the effect on patient choice for women in High Weald if Crowborough rural areas require different pathways to urban ones, different solutions are needed

7.4. **Summary:** The main reflections from the audience were on maternity provision at Crowborough Birthing Centre and the perceived lack of good quality pathways which meet the needs of the local population; whether the CCGs have an equal vote, if some are more influential than others, and on the potential for Crowborough Birthing Centre to be managed by a different provider with the aim of ensuring a service which better meets the needs of local women.

7.5. The CCGs provided relevant and evidence led answers to questions. They were unable to provide feedback on the number of serious incidents recorded by ESHT at Crowborough Birthing Centre, but promised to release this information.

7.6. Once the model of care is decided by the CCGs, an area the HOSC may wish to consider for further discussion is the request for local services which better reflect the needs of local people and the quality of the pathways available to them.

8. Conclusion

8.1. The Question Time events have met the objective of providing an independent forum for members of the public to ask questions, and have their voices heard.

8.2. Although numbers attending have not been significantly high, the quality of the discussion has been wide ranging, and informal feedback has suggested the events were a useful tool.

8.3. From the Healthwatch East Sussex perspective, ESCV also welcomes the CCG commitment to embracing the input of the public when key commissioning options are under consideration.

Hastings Question Time (3rd March)

Appendix A

The information below is an abridged version of the questions asked by audience participants at the Hastings Better Beginnings Public Question Time event.

1. Where does it say in the consultation document about travel times to get to appropriate care? What does the CCG say about this?
2. Due to road infrastructure the travel times to services causes issues. What is the CCG going to commission with regards to obstetrics in order to address these issues and access to services in an emergency?
3. The new system has been in place for 9 months now and infrastructure has been put in place and now there is further discussion around these services being located at EDGH. Are stroke services going to be looked at again as these are now based at EDGH?
4. How are statistics around the improvement or changes in the service fed into the consultation?
5. What factors are being considered for site of consultant services?
6. Transport for Hastings residents is an issue. There is complacency in Hastings as the services are sited there at the moment.
7. How were staffing levels decided on at the Conquest to enable them to accept high risk women giving birth?
8. Staffing levels have affected training. Training to be a midwife now feels like training to be an obstetric nurse. Staffing levels not increased greatly and mentor levels are low due to staff distribution.
9. The equipment is not supporting this change for equality for women and care, and needs to be sorted. There are two midwife led units at the moment, is this feasible long term?
10. When the CCG makes the decision in July will the board consist of all three CCG's or just one of them?
11. Are the figures misleading as the Eastbourne figures are based on Eastbourne and the surrounding area and Hastings and Rother figures are split into 2 areas. Will this be taken into consideration?
12. Would you be willing to undertake a media event around what has led you to make this decision? Would you be willing to share the information around travel times and risks as there is anxiety around this?
13. I came today and I have been informed. This information has not been widely publicised. People are under the impression that the Conquest is ok now and not understanding that it is about quality of care not location of services. Will petitions affect the decisions made by the CCG's? If these are not considered in decision making then what is the point of doing them?

-
14. Credit given to the CCG as this public event has had a very different feel to it and along with the inclusion of Healthwatch East Sussex has been very positive. What are the plans for community midwifery and home births?

Eastbourne Question Time (10th March)

Appendix B

The information below is an abridged version of the questions asked by audience participants at the Eastbourne Better Beginnings Public Question Time event.

1. There is strong confusion about where paediatric services are delivered. In particular within the ambulance service and where children will be treated. Some of this depends on time of day and if the short stay unit is open at the DGH or not. What is happening about this?
2. Why are paediatric services affected by maternity services moving?
3. How can it be safe to transfer to Hastings a child who has complex medical needs when the EDGH is 3 minutes away from home? How is travel safer for children with complex medical issues?
4. [Personal story], patient taken by ambulance from [West Sussex location] to Hastings via DGH during adverse weather and took a very long time. Road infrastructure is not good. How is this being addressed?
5. There is a subtle difference between consultation and negotiation. In consultations the decision has already been made. When are we going to see a 'Mid Staffs' occurring in Eastbourne? When is the DGH going to close?
6. The proposals only seem to cater for low risk or high risk births. What about low risk births that turn high risk and need intervention?
7. Letter home from school saying that if child needs to go to hospital by ambulance they would automatically go to Hastings unless the parent could get there first and take the child to Eastbourne. How can this happen without parents' permission especially when parents don't drive and won't be able to get to the child easily? Who will be held to account when something goes wrong?
8. Are the public able to see the processes the trust took to make the changes? Is this process transparent?
9. I understand the safety issue, however it has been safe in the past and other areas in the country have made it safe. How can we address the issue of few middle grade doctors available?
10. How did it reach crisis point without people knowing and then the sudden move? Who is accountable for allowing it to get into that state without people knowing? The perception across the town is that the EDGH is being run down. Morale amongst staff is very low. Many hospital staff believe that the hospital is going to close. What is being done to change perception?
11. What was before was not good but now it is horrendous. There isn't always a paediatric doctor available to treat as has already been stated.
12. The decision was taken in 2007 to keep maternity services across two sites. Why then did it take until 2013 to move services? What was going wrong to make these changes happen? What were the problems and what caused them? Was it

use of bank staff?

13. Does the community want this to happen? Most people in the community want the Save the DGH option for services across two sites. What will you do if the wider community do not want these options, but want a two sided option?
14. There are more births and paediatric admissions in Eastbourne than Hastings. Why then did the services go to Hastings and not stay in Eastbourne? What happened all of a sudden to cause the units to close?
15. Question to the local CCG and those commissioning services in the Eastbourne area...would you only support the decision to have services Eastbourne? Those involved in the decision making, how many of them have made journeys while in labour, travelled with sick children, made the decision on which hospital to go to? How many of the decision makers have made the journey emotionally?

Uckfield Question Time (12th March)

Appendix C

The information below is an abridged version of the questions asked by audience participants at the [Uckfield Better Beginnings Public Question Time](#) event.

1. Can the panel explain the rationale of a consultation that focusses on location of services and not patients pathways? Local women book PRH in Haywards Heath or Pembury in Kent, not coastal areas. Why has this been overlooked?
2. A personal experience from a Heathfield resident, 7 years ago. Booked into Crowborough, ended up at Pembury so needed also to go there for follow up. Conquest is too far and difficult to get to from Heathfield, Eastbourne at least has bus links. Point is that it is not just for birth but also for follow up, and for visitors who need to travel.
3. Can the CCG confirm here, today, that they will not countenance the closure of the Crowborough birthing unit?
4. A Woman 30 weeks pregnant, had very short labour last time (30 mins) where can she book to attend? If no Crowborough then she would need a home birth. No way could she get to Conquest. Surely it will cost more for CCG to have home birth as need more midwives?
5. Another woman was sent home from Crowborough as told not in labour, had baby at home. What would have happened in this situation if no Crowborough?
6. Consultation is not relevant to needs of the High Weald so why are we included in it? ESHT have women's notes so it causes difficulties if ending up at Pembury. Only verbal hand overs are possible.
7. This only just one aspect of cross border issues – what about consultants coming to see patients from PRH as well as Pembury? This is a long standing issue for High Weald. Earlier consultations have included this by including other trusts in the consultation.
8. A Number of births out of 800 in 2010 in High Weald went to Pembury; 250 in 2012 and now 400 as have to go there for scans as well. Is this by default Pembury taking over by default? Or is it a threat to Crowborough? Do some Pembury consultants come out?
9. What happens to a midwife if the person is transferred out of area/ They can't stay with the woman.
10. Can CCG persuade the Kent CCGs to take on board needs of East Sussex residents? How influential can it be? Will they listen or be concerned?
11. Housing need in the High Weald is only likely to create higher numbers of birth. Have these been factored in? Good transport link to London. Women need to find birthing choice and don't know what to do now?
12. A man whose daughter had to go to Pembury was disappointed that couldn't register birth as Sussex- born, wanted Crowborough.
13. Options 3&4 don't include Crowborough, what will happen if these are the preferred ones chosen? Why are they included as options? Would prefer a home birth in that instance, will these continue?

14. Attendee knew of two instances where people sent to Conquest, which means driving past Pembury, does this make sense? What of extra costs?
15. What is the logic of the Conquest/ Eastbourne DGH options – are they really equally viable? Or is there an inherent bias towards Conquest? Who will eventually make the decision?
16. Attendee accepted the need for one consultant unit in ESHT not two but consultation should be about the residents needs not boundaries of Trusts. The original website for the consultation asked people to enter a preference before being able to make comments. This is changed but will the earlier contributions be counted equally?
17. Are there any serious incidents recorded for the birthing unit as opposed to Eastbourne DGH?
18. No-one from Uckfield area ever considers going to Hastings for anything, so why need to now for births? Are we going to have to go there for other things e.g. where we may have used PRH, RSCH or Pembury? Some things we used to go to Eastbourne for, will this change? Eastbourne is now taken out of the mix of choices for us.
19. How will the final agreement be reached if the other CCGs want different options?
20. If Crowborough closes what patient choice is there for women in High Weald? There is no real choice for those who don't want hospital led births. Rural areas are different cultures from urban ones, need different solutions.
21. Even midwives not aware of choices, one was told that only PRH was an option until they asked about birthing unit then midwife went "oh yes". Is it really a choice at the moment?
22. The myths and facts pages say no closure of consultant led unit has occurred what about closures of Crowborough last year to pull midwives into conquest? When staff arrived they weren't expected apparently. It caused all sorts of problems of women not knowing where to attend and fears that it will close again.