

East Sussex Maternity Services May Not Be Fit For Purpose, Warns Save The DGH

Maternity services for mothers in Eastbourne and Hastings may no longer be fit for purpose.

That is the stark warning from campaign group, Save the DGH.

The independent cross-party group was established 12 years ago to campaign against the loss of core services at Eastbourne District General Hospital. **It says that too many maternity cases are being crammed into The Conquest Hospital in Hastings, putting the excellent staff there under extreme pressure.**

New housing developments across the county are adding further to these problems, turning the Hastings maternity unit into a potential pressure cooker, the campaign group says. Ten thousand new homes have been built in East Sussex during the last 10 years, and this rate is likely to continue according to local plans.

Brian Valentine, a former consultant Obstetrician at Eastbourne's hospital, said **"Urgent action is needed to ease the pressure and avoid an 'irredeemable' tragedy'."**

Mr Valentine, commenting on the 2017 ONS survey of East Sussex Maternity Services led by Eastbourne Borough Council, said, **"It demonstrates with alarming clarity that there was a problem cramming in too many maternity cases into the Conquest. This situation can only get worse, as the pressure to build new homes across East Sussex intensifies with each passing week.**

"Senior NHS management, together with ESCC politicians who scrutinise health provision, need to see the light and take action before they are forced to confront an irredeemable situation for a family, when the word sorry will not be good enough," Mr Valentine said. **"Virtually doubling the annual delivery numbers at the Conquest was always destined to have consequences. We now have overcrowding, with respected members of staff worn out by the prevailing situation"** he added.

Dr Tim Geitzen, retired GP, reported on a review of maternity provision, showing the local Trust's maternity services to be struggling at the bottom of the audit's tables. He says, **"The RCOG National Maternity Performance Audit 2017 examined the electronic records of 700,000 births in England, Scotland and Wales. This represents 92% of all births and is the largest such audit in the world. It clearly shows birth rates to be rising across the British Isles. In summary, it is a comprehensive, recent, authoritative audit, and every effort is made to take into account factors outside the control of maternity units. East Sussex Hospital Trust scored poorly, and Commissioners were recommended to study results and take action."**

Councillor Robert Smart, a former non-Executive Director of East Sussex Hospitals NHS Trust, is concerned by the results of the 2016 ONS Survey by Eastbourne Borough Council, saying, **"In 2016, 27% of low risk mothers reported being transferred to Hastings from Eastbourne for emergency care. When I read in the Herald about the midwifery led**

unit in Eastbourne telling us it could easily manage more births, I wondered why they haven't restored full consultant-led services to Eastbourne, so that it could indeed increase its very low utilisation of 300 births per annum to its former level, which was over 2,000. The Trust must be losing money by not developing this resource to its full potential."

Save the DGH noted a HealthWatch report in 2016, which stated that Womens experiences were mostly positive in regard to Eastbourne's Midwifery-Led Unit, but went on to report that, **"Travel between the two units led to some negative responses, especially in relation to transferring back to Eastbourne from the Conquest. Delays were mentioned at both units by women having labour inductions. Frank Shaw ward was observed as being very busy at times and staff appeared stretched."**

Save The DGH said it will continue to highlight concerns until the local Trust and Commissioners resolve to re-introduce consultant-led maternity services in Eastbourne. It said, **"We feel strongly the case made for single-siting consultant-led maternity provision was misleading. It only offered a single site option, claiming this to be a safer option offering women more choice. When the ESCC Health Overview Scrutiny Committee requested an IRP (Independent Review Panel) re-examine the case for reconfiguration, the IRP Recommendation in 2008 was that for consultant-led services to remain on both sites. In spite of this, NHS managers allowed consultant-led maternity services at Eastbourne to reach an unsafe level, putting many lives at risk. NHS managers then downgraded the service by removing consultants and relocating them to Hastings. This subsequently became permanent soon after."**

Sandy Medway, campaign group Vice-Chair and former Non-Executive Director with Eastbourne Hospitals NHS Trust, said **"It is clear from recent audits and surveys of women using maternity services in East Sussex, and since reconfiguration, that there is still a long way to go before services are restored to the gold standard CNST Level 3 they once were 15 years ago. East Sussex Better Together, an alliance for shaping future health and care services now has an annual deficit of over £100 million, the worst in the country. The damage already done to services seems irreversible. Why are the same decision makers still in charge? The Care Quality Commission, an independent regulator of health and social care in England, said in its June 2018 report, that maternity services provided by ESHT still 'requires improvement'. Even more concerning is that the Trust remains in financial special measures."**

"ESHT's performance is poor when compared with an 'Outstanding' Western Sussex Hospitals NHS Trust. Worthing and Chichester hospitals retain full maternity services on both sites and they have stayed in budget. Save the DGH has a good relationship with ESHT, but the Trust is now operating within a new health economy which is reconfiguring services across health and social care, and across a wider geographical area, including Surrey & Sussex."

Sandy said that travel times between Eastbourne and Hastings remain a constant worry for pregnant women and their families. She says, **"An extensive travel time study in the**

Netherlands of over 700,000 mothers, published in the International Journal for Obstetrics and Gynaecology, concluded, “A travel time from home to hospital of 20 minutes or more by car is associated with an increased risk of mortality and adverse outcomes in women at term in the Netherlands. These findings should be considered in plans for the centralisation of obstetric care.”

“According to guidance titled, *‘Making Sense Of Commissioning Maternity Services in England’*, published jointly by the National Childbirth Trust; the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists: **“Nationally the rates for place of birth are around 87% (OU), 10% (MLU/FMU) and 3% (home birth).”** It seeks to redress this imbalance by encouraging midwifery-led services to be the default option for pregnant women. **Save the DGH members and supporters have no issue at all with MLUs when co-located alongside an OU, or when travel to the nearest an Obstetrics Unit is 20 minutes or less. The fact is that travel times are a big issue in our area, and evidence points to this in the Netherlands study, and by the fact that in Western Sussex there is an outstanding level, which provides the safest service along the UK south east coastline, which takes into account our poor road links.”**

“Litigation in maternity care is rising”, says the National Audit Office. **“A fifth of all funding for maternity services in England is now spent of clinical negligence cover.”** The 2013 audit further reports that 79% of women are within a 30 minute drive of both an obstetric unit and a midwifery-led unit, compared with 59% in 2007. However, Eastbourne women face a minimum of a 40 minute journey time between Eastbourne DGH and the Conquest. So fall within the 21% who are not within a 30-minute drive time. The Report also says, **“The number of births has increased by almost a quarter in the last decade and is currently at its highest level for 40 years, placing increasing demands on NHS maternity services. Over recent years there has also been an increase in the proportion of ‘complex’ births, such as multiple births (for example twins) and those involving women over 40, or women with obesity, or pre-existing medical conditions. These complexities increase the risks of childbirth, meaning care often requires greater clinical involvement.”** The Report went on to say, **“When we investigated outcomes across the NHS, we found significant and unexplained local variation in performance against indicators of quality and safety, cost, and efficiency.”**

“As a campaign group we want both towns to have the safest outstanding maternity services for all mothers giving birth in East Sussex. Currently we have an uneven service which is a postcode lottery. We are not giving up the fight for what we believe to be an essential core service, which affects the lives of mothers and babies alike. If the Trust is aiming for Outstanding by 2020 it needs to consider restoring consultant-led maternity services to Eastbourne DGH.”

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Note to News Editors: for further information, or to interview a member of the Save The DGH campaign team, please contact Tim Cobb on 01323 416 999 or email tim@cobbpr.com