



5/12/12

Dear Matthew Kershaw,

Introduction

This paper is the response of Lewisham Maternity Service Liaison Committee (MSLC) to the draft report of the South London Healthcare Trust Service Administrator (the TSA) on health services in SE London.

MSLCs act as a multi-disciplinary forum bringing together the different professions involved in maternity care and a diverse range of user representatives in order to ensure that maternity services commissioners and maternity care provider units take account of the views of women and families using the service.¹

In Lewisham we have a particularly active MSLC which is chaired by myself, a service-user and a vice-chair also a service-user. Our focus has been on a number of things but we have made it our priority to concentrate on feedback from women and families as to the care they receive and we have made a point to hear this feedback from all women including those who are disadvantaged or marginalised.

The service-user members of our MSLC have met and we would like you to consider this response as representative of the views of the service-user members as due to the short consultation period, we have not met as a whole MSLC in the time given.

Our response to Options 1 and 2

We have read, with interest, your recommendations which we believe, if carried out, will have an alarmingly detrimental impact on the women and families we represent.

There are four key areas that we would like you to consider:

1. a woman's freedom of choice as to where to give birth (at home, in a midwife-led unit or obstetric led unit)
2. a woman's right to access maternity services locally
3. equal access to maternity services for all women and infants, regardless of their ethnicity or income.
4. how we think you can save money whilst still providing a safe and happy service to women and their families

¹ DH MSLC Guidance 2006

1 A woman's freedom of choice as to where to give birth

Maternity Matters requires that all women should have, 'choice of place of birth. Depending on their circumstances, women and their partners will be able to choose between three different options. These are:

- a home birth
- birth in a local facility, including a hospital, under the care of a midwife
- birth in a hospital supported by a local maternity care team including midwives, anaesthetists and consultant obstetricians. For some women this will be the safest option.' (Maternity Matters, 2007, p.5)

Neither option as outlined in your report will ensure that this standard is met. Indeed, neither option meets the Secretary of State's own Four Test stipulation that, 'patients have a choice of good quality providers' (TSA Draft Recommendation, 2012, p.22).

2 A woman's right to access maternity care locally

Option 1 would almost entirely rule out all of the above choices:

- the choice of home birth would be ruled out for most Lewisham residents because we believe women would be worried about the time it would take to move to a hospital if something went wrong in labour.
- the choice of birth i.e. a local midwifery-led facility would simply not exist.
- birth in a hospital supported by a 'local maternity care team' would also not exist

Your proposals as they stand mean less choice for all Lewisham residents. In any document produced by the Department of Health, patients and service users may see the word 'local' repeated time and again. If option 1 comes to fruition, Lewisham residents will no longer have access to a useful local maternity service at all. For many women, getting to Queen Elizabeth – particularly if they are in the early stages of labour – is simply not a feasible option, even if they wanted to use the services, which is highly questionable. For many women getting to St Thomas' or King's is a challenge, although less so than Queen Elizabeth Hospital.

3 Equal access to maternity services

Our third point is that the recommendations will have a seriously negative impact on health equality in the borough of Lewisham. This area of London houses some of the nation's poorest and most vulnerable families. Many Lewisham residents are refugees, asylum seekers, travellers, young and highly impoverished families.

In this response we have included the view of Lewisham Refugee and Asylum seekers. They have told us that they are really worried that they may not be able to afford the fares to travel longer distances to whichever hospital they are booked at and even if they have some antenatal care in the community, they will still need to go to hospital for scans and some appointments. They are worried that when they are in hospital their families will not be able to visit them. Remember these women are unbelievably fragile with many who have fled persecution and torture. A large number have mental health issues and some have been able to use the caseload system at Lewisham where they get continuity of care from one or two midwives who can get to know them and ensure they get all the help they need. They do not have to keep repeating their story and this care will enable them to have the best start possible as parents under very difficult circumstances.

This applies to many other groups including young parents and families who simply do not have much money or support. Marginalised and disadvantaged women live all over SE London therefore adding more women to Kings and St Thomas' will impact on the care their population receives.

We feel that your recommendations do not take any account of the major financial impact that this will have on the most vulnerable. There are a myriad of other challenges that will face these vulnerable families if we lose any part of the maternity service currently provided by Lewisham Hospital.

4 How we think you can save money

We think you can still save money by adopting the amended version of Option 2 which the staff at Lewisham have put forward.

We would like to state categorically that it is our understanding from directly consulting the community that most women will not use Queen Elizabeth Hospital. Women will flow to the already straining services provided by St Thomas' and King's Hospitals. This will mean that their births will hit the number which we understand will mean they have to employ another tier of doctors and various other services.

In addition to that, our members have all agreed that women will travel to the unit they are giving birth in much earlier than they need to for fear of getting caught in traffic or on the bus. If they are having pain they will call an ambulance and you will have the cost of that and women being on labour ward when they are not in full labour. We know that there is then an increased chance of women having 'interventions' as there will not be the space for them to be left in peace. However, women will not want to go home and wait for labour to get going naturally for fear of being stuck on the journey or leaving it too late. All of this will cost you more money than what is proposed in amended Option 2.

A huge amount of time, energy and money has been invested in the once failing maternity service provided at Lewisham, which is now a flourishing environment highly valued by the women and their families who are, in steadily increasing numbers, using both the birth centre and the obstetric-led unit. As your report notes, the population of SE London is growing exponentially, schools are being asked to increase their capacity year on year; it is utter lunacy to recommend that a thriving maternity unit which serves an already dense (and growing) population be closed or its services reduced.

It's hard to find words to express the depth of our concern that the lives of Lewisham women and their babies would appear to be at risk for a cost-cutting exercise in bureaucracy to camouflage a failing Trust.

It is clear from your report that your recommendations are financially driven, but it is wrong that the vital organs should be snatched from Lewisham Hospital in order to save the ailing Queen Elizabeth Hospital.

Yours sincerely,

Ms Jessica Omerod Chair of Lewisham Maternity Services Liaison Committee

