

# Brent Birthing Centre – Future Services

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## 1. Purpose

This paper outlines why The North West London Hospitals NHS Trust is considering changes to the Brent Birthing Centre (BBC) at Central Middlesex Hospital in Park Royal. It goes on to outline some possible options for the service as well as the next steps which will be required before any public consultation with key stakeholders and the local community

## 2. Background

The Brent Birthing Centre was opened in 2004 and is managed by North West London Hospitals NHS Trust. The Centre has six ensuite rooms, one with disabled access and two with birthing pools. The building was designed to create a home from home environment for women and is situated on the site of the new Central Middlesex Hospital. Midwifery-led units, like the Brent Birthing Centre, are designed for women who are expected to have straightforward deliveries and who want midwife support during their labour and delivery.

Full antenatal clinic services are also provided within the Centre, together with office accommodation for consultant and secretarial staff. Clinics are currently held daily between Monday and Friday. Postnatal care is currently provided in women's homes by community midwives, employed by the Trust. This service would continue regardless of any decisions for change affecting the Brent Birthing Centre.

## 3. Why we are considering change

There are a number of reasons why North West London Hospitals NHS Trust is considering changes to the Brent Birthing Centre. These are listed below:

- **To improve clinical care**

Currently 25% of women at the Brent Birthing Centre who had expected straightforward deliveries need to be transferred to Northwick Park Hospital as they need care by obstetricians. If we were to move the service to Northwick Park Hospital women would have on site access to obstetric care 24 hours a day, seven days a week.

- **Lack of demand for the current service**

Despite actively promoting the Brent Birthing Centre, midwives deliver in the region of 300 births a year. The centre currently has a 16 per cent occupancy rate.

Given the size of the catchment area for Brent and Harrow we would have expected to see around 1,200 – 1,500 women choosing to deliver their baby at the Brent Birthing Centre.

### ***Women living in Harrow***

In general, women living in Harrow do not use the Brent Birthing Centre. In 2006/2007 18 Harrow residents delivered their baby at the centre which represents less than 0.5% of Harrow births. Given the size of the female population in Harrow (with an overall number of births registered to Harrow GPs in the region of 2,520) we would expect around 600 women to have been able to use a facility like the Brent Birthing Centre. Currently there is no midwifery led unit in Harrow.

### ***Women living in Brent***

90% of the women who use the Brent Birthing Centre are Brent residents. Only five per cent of all births registered to a Brent GP took place at the Brent Birthing Centre. That is 274 births out of a total of 5,440 births registered to Brent GPs. Given the size of Brent's population and overall birth numbers the Trust could deliver in the region of around 800 - 1,000 births for low risk women living in Brent at the Brent Birthing Centre.

#### **• Preparing for the future**

London is facing an increasing number of births, with an overall projected increase of five per cent by 2016. It is important that we are able to support these changes and use our resources efficiently so that we can provide enough midwives and obstetricians to care for future mothers and babies.

#### **• Choice for women**

If we were to provide the service at Northwick Park Hospital women from across both Brent and Harrow would have access to midwifery led care. Antenatal care would continue to be provided at Central Middlesex Hospital which would ensure continuing local access for women in the south of Brent.

Moving the service to Northwick Park Hospital would still allow women to be cared for in a home-from-home environment similar to the Brent Birthing Centre but with the comfort of knowing there is on-site obstetric care available 24 hours a day, seven days a week.

#### **• Making the best use of taxpayers' money**

The Brent Birthing Centre currently costs the local NHS £1.2m a year to run but because of the lack of demand for the service the Trust is running the service at a loss of £300,000 a year. In order to meet minimum staffing levels and provide a safe level of care for those women who do use the facility, the unit is staffed 24 hours a day and seven days a week by two midwives at any one time. The unit also has administrative support.

#### 4. Possible options for the future

In thinking about the future of the Brent Birthing Centre a number of options have been considered. These are initial thoughts and are subject to further discussions with local Patient Forums, Scrutiny Committee and NHS partners prior to formal consultation. The options so far considered are as follows:-

- 1) Do nothing - the Trust would continue to provide midwifery led services at the Brent Birthing Centre at Central Middlesex Hospital.
- 2) Transfer all maternity care to Northwick Park Hospital's Maternity Unit. There would no longer be a Midwifery Led Unit on either site, and antenatal services would not be provided at Central Middlesex Hospital
- 3) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Create a midwifery-led unit within Northwick Park Hospital's recently refurbished maternity unit. Antenatal care would continue to be provided from the Brent Birthing Centre.
- 4) Transfer inpatient (delivery) maternity care to Northwick Park Hospital's Maternity Unit. Establish a midwifery led unit at Northwick Park Hospital. Keep antenatal services at Central Middlesex Hospital but not in the Brent Birthing Centre.

This is not a final list and other options may be considered in the light of discussions with staff and other stakeholders. A summary of the main advantages and disadvantages of each option is provided below:-

<b>OPTION 1</b> Do nothing	
<b>Advantages</b>	<b>Disadvantages</b>
<p><b>Local access.</b> Maintains local access to a midwifery led unit for women living in Brent.</p> <p><b>Lack of disruption.</b> The Trust does not have to find accommodation for existing activities.</p>	<p><b>Transfer rate.</b> Women who experience complications during delivery at Brent Birthing Centre currently have to be transferred to Northwick Park Hospital. 25% of women who currently present for delivery are transferred.</p> <p><b>Inefficient use of staff and buildings.</b> The Trust would continue to lose £300,000 a year by running the service. The Trust has a duty to ensure that it makes the best use of taxpayers' money.</p>

## OPTION 2

Transfer all maternity care to Northwick Park Hospital's Maternity Unit. There would no longer be a midwifery led unit at either Northwick Park or Central Middlesex hospitals. There would be no antenatal services provided at Central Middlesex Hospital.

<b>Advantages</b>	<b>Disadvantages</b>
<p><b>Generates income to be reinvested into patient care.</b> The Trust would be able to sell or rent the current Brent Birthing Centre building. This would also mean that the Trust would not be running the service at a loss of £300,000 and would save an estimated £185,000. This money would be re-invested in patient care.</p>	<p><b>Additional demands on Northwick Park Hospital Maternity Unit:</b> Absorbing the activity from the Brent Birthing Centre would put pressure on the maternity service at Northwick Park Hospital in terms of space and staffing.</p> <p><b>Change in location for women living in Brent:</b> Women living in Brent would need to travel to Northwick Park Hospital for all of their care or they may in fact choose to go to another hospital such as St Mary's Hospital or Queen Charlotte's Hospital.</p> <p><b>Restricts choice.</b> This means local women would not have access to a local midwifery led service. This would limit their choices of birth environment.</p> <p><b>Change for staff and patients:</b> The Trust would not be proposing any redundancies or loss of jobs. However this option would mean some changes for staff in their place of work and some working practices. Staff would be fully supported during this period of change.</p>

### OPTION 3

Move Brent Birthing Centre inpatient (delivery) facilities to Northwick Park Hospital and create a midwifery led unit there. Keep antenatal facilities in the Brent Birthing Centre building.

Advantages	Disadvantages
<p><b>Improving clinical care:</b> All women would now be cared for in a unit which has on-site access to obstetricians 24 hours a day, seven days a week.</p> <p><b>Reduced pressure:</b> By developing a midwifery led unit at Northwick Park Hospital, the Trust will be able to respond to the anticipated increase in the number of births in London by increasing capacity at Northwick Park Hospital.</p> <p><b>Retains local access to some aspects of maternity services for women in south of Brent:</b> This option would allow antenatal care to continue to be provided at the Brent Birthing Centre.</p> <p><b>Dedicated facilities:</b> Unlike option two, a new dedicated midwifery led unit at Northwick Park Hospital would ensure no additional pressure on space. Staff would be offered the opportunity to transfer to the Unit at Northwick Park Hospital.</p> <p><b>Generates income to be reinvested in patient care:</b> The Trust would be able to generate income by renting the six bedded area within the Brent Birthing Centre. This money would be reinvested into patient care.</p> <p><b>Continues to offer women choice</b> for their birth environment, promoting midwifery led care and a normal (without medical intervention) birth experience where possible.</p>	<p><b>Women choose to go elsewhere</b> Some women in Brent may choose to go outside of the two boroughs to have their baby. Eg. a substantial number of women living in the south of Brent already travel to St Mary's or Queen Charlotte's Hospital. This may result in a loss of income for the Trust.</p> <p><b>Maximising income:</b> By retaining antenatal care at the Brent Birthing Centre the Trust will not generate as much income as it could if it were to rent out the whole of the Brent Birthing Centre or indeed sell it.</p> <p><b>Change for staff and patients:</b> The Trust would not be proposing any redundancies or loss of jobs. However this option would mean some changes for staff in their place of work and some working practices. Staff would be fully supported during this period of change.</p> <p><b>Local access to antenatal care but no inpatient facility:</b> Women in Brent would have access to local antenatal clinics but they would have to travel to Northwick Park Hospital for the delivery of their baby.</p>

<p><b>Improves choice for women living in Harrow:</b> Women living in Harrow would have better access to a midwifery led unit.</p>	
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<b>OPTION 4</b>	
<p>Move Brent Birthing Centre inpatient (delivery) facilities to Northwick Park Hospital and establish a midwifery led unit there. Provide antenatal services at Central Middlesex Hospital but not within the Brent Birthing Centre.</p>	
<b>Advantages</b>	<b>Disadvantages</b>
<p><b>Improving clinical care:</b> All women would now be cared for in a unit which has on-site access to obstetricians 24 hours a day, seven days a week</p> <p><b>Reduced pressure:</b> By developing a midwifery led unit at Northwick Park Hospital, the Trust will be able to respond to the anticipated increase in the number of births in London by increasing capacity at Northwick Park Hospital.</p> <p><b>Retains local access to antenatal maternity services for women in the south of Brent</b> Antenatal care would continue to be provided at Central Middlesex Hospital.</p> <p><b>Dedicated facilities:</b> Unlike option two, a new dedicated Midwife Led Unit at Northwick Park Hospital would ensure no additional pressure on space. Staff would be offered the opportunity to transfer to the Unit at Northwick Park Hospital.</p> <p><b>Generates income to be reinvested in patient care:</b> The Trust would be able to generate more income by renting or selling the whole of the Brent Birthing Centre rather than just a section of it, as suggested in option three. This money would be reinvested into patient care. It would also deliver savings of approximately £385,000 for the Trust.</p>	<p><b>Women choose to go elsewhere</b> Some women in Brent may choose to go outside of the two boroughs to have their baby. Eg. a substantial number of women living in the south of Brent already travel to St Mary's or Queen Charlotte's Hospital. This may result in a loss of income for the Trust.</p> <p><b>Relocation of services</b> Services will require relocation within the Central Middlesex Hospital, and this will include the reprovision of clinics and offices for staff.</p> <p><b>Change for staff and patients:</b> The Trust would not be proposing any redundancies or loss of jobs. However this option would mean some changes for staff in their place of work and some working practices. Staff would be fully supported during this period of change.</p> <p><b>Local access to antenatal care but no inpatient facility:</b> Women in Brent would have access to local antenatal clinics but they would have to travel to Northwick Park Hospital for the delivery of their baby.</p>

<p><b>Continues to offer women choice</b> for their birth environment, promoting midwifery led care and a normal (without medical intervention) birth experience where possible.</p> <p><b>Improves choice for women living in Harrow:</b> Women living in Harrow would have better access to a midwifery led unit.</p>	
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## 5 Financial Appraisal

A full financial appraisal is provided in Appendix 1. The current service costs £1.2m to run, against an income of £890k. It makes a financial loss of £310 k per annum.

The table below provides an overview of the financial impact of each of the above options and the assumptions made regarding the proposal.

Option	Surplus/ (Deficit) £'000	Capital* £'000	Assumptions
1	(311.3)	-	- No change to costs or income
2	185	100	- Rental income on BCC - Midwives transfer to NPH - Facilities savings on BBC - A&C transfer to NPH
3	311	75	- Reduced rental income BBC - Midwives transfer to NPH - ANC midwives remain BBC - Facilities savings form BBC - Facilities costs MLU - Staff released from Delivery Suite
4	389	100	- Full rental income BBC - BBC midwives transfer and ANC midwives remain at CMH - Facilities costs for new MLU - Facilities costs at CMH - Staff released from Delivery Suite

\* Indicative capital costs to be confirmed.

A full financial appraisal would be done of any further options that emerged from discussions with local stakeholders and NHS partners.

### 5.2 Activity and income assumptions

The following assumptions have been made regarding activity and costs to local Primary Care Trusts.

- That deliveries and women who are admitted to the antenatal ward for observation but do not deliver during their stay will remain at the same level and income will remain constant, unless otherwise negotiated and agreed with the Trust and PCTs through the normal commissioning process.
- The only increased income to the Trust will be via the rental of the BBC. (unless increase activity agreed as per above)
- That costs to the local PCTs will remain the same in terms of tariff for maternity care.
- That antenatal care will be re-provided at same cost to the Trust. Activity and income will remain constant.
- This proposal does not change the requirement at this stage for improved community midwifery staffing levels.

## **6. Consultation timetable**

Any changes to the service will require public and staff consultation. Consultation papers will need to be approved by Brent Teaching Primary Care Trust (PCT) and North West London Hospitals NHS Trust (NWLHT) at their board meetings in September following discussions and input from local Patient Forums, Overview and Scrutiny Committees and other PCTs whose mothers currently use the centre. This is in accordance with section 242 of the NHS Act 2006 which has replaced section 11 HSCA 2001.

Following the consultation responses will be collated and presented in a report which will be made public. The report will be considered by the Boards of the Trust and the PCT at their public Board meetings before any final decisions are made.

## **7. Next steps**

This paper has highlighted why the Trust is considering changes for the provision of midwifery led services at Brent Birthing Centre at Central Middlesex Hospital.

It has set out a number of possible options for discussion. These are subject to further discussions with local stakeholders and NHS partners, prior to the launch of formal consultation with the local community

The Trust Board is asked to:

- Discuss and note the contents of this paper.
- Agree that the Trust now goes ahead and discusses the provisional options and the process for formal public consultation with its



Patient's Forum, Overview and Scrutiny Committee and NHS partners. This is in accordance with section 242 of the NHS Act 2006 which has replaced section 11 HSCA 2001 where the duty under both sections is identical.