

The Path to Excellence focused event on maternity (obstetrics) and women's (in-patient gynaecology) services on Wednesday 13th September was attended by five people took place on a round table with clinicians and attendees together discussing the options.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: nhs.excellence@nhs.net and we will investigate this further for you.

Questions from the room

As the event was a round table discussion all questions are built in to the report below.

Date	13 th September 2017
Venue	The Clervaux Exchange, South Tyneside
Event	Focused event on maternity and women's services
Time	6pm - 8pm
No. of people on table	Five
People	3 x NHS staff and 2 x patients public
Facilitator	Cynthia Atkin
Scribe	Caroline Latta and Michael Barlow
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- No talking over each other.

Thoughts on maternity (obstetrics) and women's (inpatient gynaecology) services...

- Transport is a burning issue – not enough sessions organised. Feeling that some answers should be available already. Access should be easier to any answers out there already.

- Ambulance response times are crucial if midwifery-led unit option is taken, especially in regard to the baby. These times are key to decision making for the options.

- Freestanding midwifery-led unit is not as simple in an urban area like South Tyneside. Public perceptions around safety are a concern.

= When comparing evidence of a rural midwifery-led unit with that of an urban one, it is important to look at the information on a case by case basis on those which have closed as circumstances can differ.

- Some people will not want to travel to Sunderland.

- Reduction in choice of birth place.

+ Safety and sustainability most important thing.

+ Important to look at benefits of each option.

+ Midwifery-led unit in South Tyneside means weighing up the benefits of reduced travel vs emergency response time.

+ MLU more relaxed and more choice of birth type for women.

+ MLU staff will monitor any potential complications well in advance to reduce any emergency requirements.

+ Experience of MLUs show that they are more women-centred and more individual care.

- Concern regarding midwives/staff suffering burnout with being constantly on call.

- Would the MLU have any access to any doctor on site at all?

+ Midwives are very highly trained and also spot and manage any possible risk.

= How much is there a perception of MLUs being unsafe vs. the evidence that they are safe?

+ Community midwives are highly skilled and experienced, including first line emergencies.

+ Women's experiences of MLUs are positive and patients value more person centred care.

+ Community midwives are very keen and confident that an MLU can work and be viable.

= Work is needed to find out more about public opinion/perception regarding MLUs.

+ Evidence says MLUs are safe, what need to be clarified is safety around transfers in emergencies.

- + Staff opinion – MLUs are very popular overseas. Work needs doing to show that babies don't need to be born in hospital – there are perfectly safe options.
- + Also work needs doing to reinforce the fact to the public that midwives are highly trained health professionals.
- + There are many positive things about the high quality of service at South Tyneside and outcome statistics that need to be communicated with the public.
- = The first phase of the consultation so far has been largely about loss and anger. Today has been more positivity about the strengths of what there is and what could be.
- = Dr. Hambleton extends an invitation to staff groups, especially midwives, to formally propose a submission or option.
- + There is a commissioner interest in why MLUs have closed in other areas as well as MLU successes in other areas.
- = The nature of consultation is that it is not a vote but a critical appraisal of evidence and experience to inform the commissioner.
- = The culture of obstetric led units and MLUs is different. MLUs are much more women-focused and relaxed, both mothers and staff are much more relaxed.
- The public perception is that the two areas have more high risk births due to public health issues such as smoking and obesity.