

MAIDSTONE BOROUGH COUNCIL

**MINUTES OF THE EXTERNAL OVERVIEW AND SCRUTINY
COMMITTEE MEETING HELD ON TUESDAY 13 OCTOBER
2009**

PRESENT: Councillor Hotson (Chairman)
Councillors Marchant, Mrs Gibson, Paterson,
Sherreard, Batt and Yates

APOLOGIES: Apologies for absence was received from Councillors

57. The Committee to consider whether all items on the agenda should be web-cast.

Resolved: That all items on the agenda be web-cast.

58. Apologies.

There were no apologies.

59. Notification of Substitute Members.

There were no substitute Members.

60. Notification of Visiting Members.

It was noted that Councillors Beerling, Field, Mrs Gooch, Naghi, Paine, Mrs Ring, Vizzard, Warner and Garland were visiting Members for Agenda Item 7, "Councillor Call for Action – Maternity Services in Maidstone".

Councillor Fran Wilson was in attendance to present her Councillor Call for Action.

61. Disclosures by Members and Officers:

Councillor Field declared that he had a personal interest in Agenda Item 7, "Councillor Call for Action – Maternity Services in Maidstone" by virtue of his employment by NHS Medway. He stated that any opinions stated were his as a ward councillor and were not representative of his employer.

Councillors Batt, Hotson and Paterson declared that they had been lobbied with regard to Agenda Item 7.

62. To consider whether any items should be taken in private because of the possible disclosure of exempt information.

Resolved: That all items be taken in public as proposed.

63. Councillor Call for Action: Maternity Services in Maidstone.

The Chairman introduced a range of witnesses who were in attendance to discuss the Councillor Call for Action that had been raised by Councillor Fran Wilson:

- Steve Phoenix, Chief Executive, NHS West Kent;

- Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust (MTW Trust);
- Dr Wilson Bolsover, Divisional Director for Women and Children's Services, MTW NHS Trust;
- Gillian Duffey, Associate Director of Nursing/ Head of Midwifery, MTW NHS Trust;
- Mr Alan Pentecost, Retired Obstetrician;
- Dr Helen Terrell, Maidstone GP and representative of the Maidstone Division of the British Medical Association; and
- Sue Eve, Trust Community Midwifery Manager from East Kent Hospitals University NHS Foundation Trust.

Councillor Fran Wilson gave a statement to the Committee and the witnesses outlining her reasons for calling the Councillor Call for Action, focussing on three key themes:

1. The original consultation: was this appropriate, were the views of the people that the council and the PCT represent properly sought and were any matters arising from that consultation satisfactorily answered;
2. The issue of accessibility between Maidstone and Pembury; and
3. The statistical evidence underpinning the decision.

Councillor Wilson's statement is attached at [Appendix A](#).

Mr Douglas stated that the MTW Trust had faced problems with getting the message about the proposed changes to maternity services across to the public and the opportunity to explain the facts was therefore welcomed. He suggested that as it had been five years since the consultation, the clinical reasons for change had been forgotten. He emphasised that there was a significant investment programme for Maidstone Hospital that ensured its future in the town.

Dr Bolsover stated that he had been a consultant for 17 years. Dr Bolsover said colleagues started thinking about these changes 10 years ago when changes in working practices began to be introduced. When he had started it had not been uncommon for a junior doctor to begin work on a Friday morning and leave on a Monday evening. The European Working Time Directive now meant that they could work a maximum of 48 hours a week, which was far safer but meant that the number of doctors needed at each level had increased from 3 to 8. Since the suggestion of creating one unit had first been raised in 2000, there was no longer a problem with just employing the best doctors, but with filling vacancies at all. Currently, vacancies were being filled on a shift-by-shift basis by temporary staff, which was unsafe. By combining the Maidstone and Tunbridge Wells paediatrics and obstetrics units at Pembury, the best doctors could be employed.

Ms Duffey stated that the proposals would increase women's choice over where to give birth, which was in line with the 2007 Department of Health "Maternity Matters" document, and emphasised that the changes only related to delivery, not antenatal care. Women were already being

transferred between hospitals in the MTW Trust area to cope with variations in demand, and having one designated unit would tackle this. Ms Duffey stated that a high-risk obstetric unit needed to have paediatric support and this would be the case at Pembury. The maternity unit at Maidstone Hospital did not currently have provision to look after babies requiring intensive care, whilst at Pembury, babies born up to 13 weeks prematurely could be cared for. Ms Duffey also informed Members that there was a 6% home birth rate in the MTW Trust area.

Mr Douglas explained that with regard to geography, the areas surrounding the two boroughs needed to be considered when establishing the most appropriate site for the consultant-led maternity delivery unit. More women gave birth at Pembury Hospital than at Maidstone Hospital, indicating a larger catchment area for that hospital. There were also more people living within 30 minutes of Pembury than of Maidstone. Many of the midwives and consultants currently working for the Trust wanted to keep the full service at both sites, however the staff recognised the challenges this brought. Mr Douglas accepted that the MTW Trust had lost credibility as a result of its previous management and stated that when the new management board was established, all decisions taken previously were reassessed. Some had been reversed, however this one was still considered to be the best option. Members were informed that East Kent Hospitals University NHS Foundation Trust had offered to host a visit to the midwife-led birthing centres in that part of the county, as had Eastbourne which had made no changes to its maternity provision, so that Members could see examples of both options.

Mr Phoenix stated that the decision to change had been made in 2004 following consultation, and the clinical and organisational reasons for change remained strong. There was detailed scrutiny of the proposals at the time, and the Trust considered that the consultation was appropriate. Mr Phoenix felt that little had changed since 2004 except that the worries about staffing and other issues that had been raised at the time had now been realised.

Ms Eve informed the Committee that in East Kent, there were two stand-alone birthing centres; the first had been established 10 years ago in Dover, with the second being opened in Canterbury 5 years ago. The nearest consultancy-led units were 20 miles and 18 miles away respectively, and transfer times were 45 minutes to one hour; in the case of the Canterbury centre, the roads to the nearest consultancy-led unit in Margate were poor. 8% of women in the East Kent Trust area used the birthing centres, and 2-3 of every 10 women required a transfer to a consultancy-led unit. This was usually due to slow progress of labour rather than emergencies. Anecdotally, even the women who required a transfer to the consultancy-led units reported a positive experience with the birthing centre option. It was also beneficial that the birthing centres allowed fathers to stay throughout and after the birth.

Mr Pentecost told the Committee that though he was now retired, he had worked as a consultant obstetrician at Maidstone Hospital from 1974. He felt that obstetrics was a core service that should be available in all

hospitals and suggested that the new unit at Pembury would be bigger, but not better, than the unit available at Maidstone. He suggested that the health authorities should be looking at what Maidstone needed, rather than what could be provided. Mr Pentecost accepted that the European Working Time Directive was a problem, but stated this was not impossible to overcome.

Dr Helen Terrell stated that the Maidstone branch of the British Medical Association (BMA) believed that the proposals were not an improvement in services and were not in the best interests of health services for Maidstone residents. The BMA felt that if there could only be one consultant-led unit, the evidence supported this being in Maidstone. The BMA understood that the majority of Obstetricians at Maidstone Hospital wanted to retain full maternity services at Maidstone, with one Accident and Emergency Consultant at Maidstone Hospital stating "all midwives based at Maidstone are appalled and do not wish to work in a birthing centre without Consultant Obstetrician provision". The BMA did not believe that clinicians or patients had been meaningfully consulted. The BMA was also concerned over transport links to Pembury, both in terms of transfers from a birthing centre in the case of an emergency or in terms of public transport for patients' families. Dr Terrell then informed the Committee of her own experiences of giving birth, where in both cases there had been serious, unpredicted complications that had required a specialist paediatric team in the first instance and an emergency caesarean in the second. The BMA supported Maidstone Action for Services in Hospitals (MASH) in requesting a review of the decision, highlighting that a similar proposal in East Sussex had been overturned by the Independent Reconfiguration Panel due to concerns over safety, access and choice.

The Chairman then invited visiting Members and members of the public to address the witnesses and the Committee.

Councillor Field informed the witnesses that he represented Parkwood Ward, one of the most deprived wards in England and the ward with one of the highest teenage pregnancy rates in Europe. He expressed concern over the accessibility and cost of transport to Pembury for families of young mothers, highlighting the importance of family support. Councillor Field also asked whether lessons had been learnt from the consultation process, as it appeared that the decision to move the consultancy-led service to Pembury had been made before consultation began.

Ms Duffey agreed that support for teenage mothers was very important but highlighted that the average length of stay in hospital after giving birth was 24-48 hours. A midwife had recently been appointed to work specifically in Parkwood Ward. Mr Phoenix stated that the consultation had taken a view about the totality of the population and travel times to different hospitals, and that overall view had included consideration of the availability of services outside of the MTW Trust boundary.

Roger Hart, Secretary of the Maidstone division of the BMA, stated that guidelines issued by the National Institute for Clinical Excellence (NICE)

listed 11 situations that would require transfer in labour; most of these could not be predicted early on. The guidelines also stated that women should be informed of all locally available services, the likelihood of a transfer and the time that transfer would take. The time required to get an ambulance and transfer women into and out of the ambulance also needed to be taken into account, as did the fact that a midwife would need to travel with the woman. Mr Hart questioned how many women would need to be transferred from the Maidstone birthing unit.

Dr Bolsover agreed that choices over where to give birth needed to be well informed, and anyone with concerns or chances of complications would be booked into the unit at Pembury. Very few women would need to be moved from the birthing centre, as shown in East Kent. The MTW Trust was aiming for one to one care in labour, so the need for a midwife to accompany women in ambulances to Pembury would not be a problem as the midwife would be assigned to that woman. Ms Eve informed Members that in East Kent, the 45-60 minute transfer time included the time waiting for an ambulance, though the birthing centres were high priority so often the ambulance was waiting before the woman was ready for transfer. The birthing centres in East Kent were based on a community model, meaning that staff worked closely with the community to ensure that the centre was never unattended or unsafe. Mr Douglas stated that the birthing centre in Maidstone and new maternity unit at Pembury had been designed to ensure that time getting to and from ambulances was minimised and access for ambulances was easy.

Councillor Beerling raised concerns over how midwives returned to the birthing centre when they had accompanied women being transferred to hospital. Ms Eve explained that midwives returned to the birthing centre in an ambulance if it was not required elsewhere, or by taxi where this was quicker. Councillor Beerling also stated that he felt that the consultation was not patient-led, and that as health services were publicly funded, patients should have a greater say. Mr Phoenix emphasised that the consultation had followed the appropriate process, and a wide range of people had had an input, including Maidstone Borough Council, Kent County Council and East Sussex County Council. Mr Douglas informed Members that Pembury would have more capacity than there currently was at Pembury and Maidstone combined, with the ability to deal with up to 6,000 births a year.

Councillor Naghi stated that the previous Chief Executive of the Maidstone and Tunbridge Wells NHS Trust had promised that negotiations were taking place to improve the road links, however Councillor Wilson's investigations had proved that to be incorrect. Maidstone Hospital was excellent but the changes to maternity services would let Maidstone women down.

The Chairman then invited the Committee to discuss the issues.

Statistics

A Councillor asked why Councillor Wilson's statistics regarding births in the two boroughs were different from the Trust's. Mr Douglas explained that Councillor Wilson was referring to births in each borough, whereas the Trust's statistics showed how many births took place at each hospital, regardless of where the mother came from. This showed that there were 2,260 births at Maidstone Hospital and 2,768 at Pembury.

A Councillor informed the Committee that she had only chosen a home birth because there was a hospital close by in case there were complications, and suggested that the Trust's 6% home birth rate would therefore drop if a consultancy-led unit was not available in Maidstone. Ms Duffey stated that she believed the home birth rate would remain the same as midwives assisting home births carried out constant risk assessments to ensure that any complications could be dealt with appropriately. Ms Eve informed Members that since the introduction of the birthing centres in East Kent, home births had increased. In response to a question, Ms Duffey confirmed that there had been no home birth deaths in the Trust area in the last year.

In response to a question, Dr Bolsover stated that he did not believe that any women or babies would be put at risk by the changes. He recognised concerns, but most people with complications would have been at Pembury already. Midwifery units were safe and a single consultancy-led unit across Maidstone and Pembury was the safest way forward.

Consultation

A Councillor stated that neither the MBC nor the KCC response to the consultation had been entirely satisfied with the proposals, and there was clear opposition to the proposals from the public and the BMA. The Councillor therefore questioned whether the consultation responses had had any influence. Mr Phoenix stated that the decision had been made in light of all of the evidence available, of which public opinion was one part. The Councillor asked whether the full results of the consultation were publicly available and Mr Phoenix confirmed that this was the case.

A Committee Member asked the witnesses what they felt they had got out of the meeting. Mr Douglas responded that they had heard the very real concerns of Maidstone residents and appreciated the need to get their message across better. It was also necessary to listen carefully to concerns to ensure that messages were being tailored to address specific concerns.

The New Service

In response to a question, Dr Bolsover informed Members that there were 17 cots for premature baby care at Pembury compared to 6 currently at Maidstone. Pembury had a "Level 2" unit which provided short term intensive care for babies born up to 13 weeks prematurely. Maidstone only had a "Level 1" unit, and so would only deliver babies from 30 weeks as those babies were less likely to need intensive care. The new unit at

Pembury would offer transitional care so that women could keep their premature babies with them rather than in a separate unit.

A Councillor asked what progress had been made on the Maidstone birthing centre. Mr Douglas explained that the Trust Board had approved the plans and funding had been identified; the next step was to obtain planning permission. The birthing centre would be separate from the main hospital, and it was anticipated that the centre would be in operation by the end of 2010, prior to the move of the consultant-led service.

A Councillor asked why facilities were not included in the birthing centre to allow consultants to work there. Mr Douglas explained that the philosophy behind birthing centres was that they gave women the option of not being in a doctor-led environment.

With regard to new proposals being drawn up by the South East Coast Ambulance Service NHS Trust, Mr Phoenix explained that these would speed up response times and would therefore benefit, rather than disadvantage, the new configuration of services. Mapping software had been used to identify the best places for ambulances to be placed to respond to calls to ensure the quickest possible response times, rather than maintaining ambulance stations which were no longer best placed.

A Councillor asked whether problems with staffing still existed. Dr Bolsover confirmed this, particularly in relation to paediatrics, obstetrics and gynaecology. Aside from the European Working Time Directive, changes had been made to immigration rules which made the UK unattractive to doctors from other countries. Previously, advertisements for Senior House Officers (SHOs – junior doctors undergoing specialist training in the NHS) had received around 100 applications, whereas now these positions could be advertised up to 3 times to get any applicants. Mr Douglas also highlighted that paediatrics and obstetrics were the only areas in the Trust that were not compliant with the Working Time Directive and a special derogation had been obtained to allow this pending the changes to the service.

Transport

A Councillor asked what improvements had been made to transport links between Maidstone and Pembury since the 2004 consultation. Mr Douglas stated that no improvements had been made so far, however the Trust would be subsidising a 30 minute bus service between Maidstone town centre and Pembury via Maidstone Hospital for 5 years. This would be in place before the maternity service changed.

Mr Douglas informed Members that the Trust was actively involved in working with Members of Parliament to lobby the Highways Agency for the dualling of the carriageway on the A21 around Castle Hill, which would improve access to Pembury Hospital. There had been a delay to the project and work was now likely to begin as the new hospital opened, which was disappointing. The Trust had also been lobbying Kent

Highways Services for the Colts Hill bypass, however this was unlikely to come to fruition in the near future.

With regard to the maps in the Trust's presentation showing which places were within 30 minutes of each hospital, a Councillor asked what conditions these journey times had been measured under. Dr Bolsover stated that these were AA journey times. Dr Bolsover also stated that he regularly made the journey between the two hospitals and this took 25 minutes door to door.

The Chairman then summed up the meeting, highlighting a number of key points on behalf of the Committee:

- The 2004 consultation was considered flawed as the Trust had not answered those questions raised as part of the consultation;
- The public had not been kept sufficiently informed of decisions that were to be made or had already been taken;
- It was not clear if future growth in housing and population in any of the affected areas, but particularly Maidstone, had been taken into account in the plans;
- Evidence from the BMA and anecdotal evidence passed on to Committee Members indicated high levels of dissatisfaction amongst Trust staff over the proposals;
- Trust staff and local Councillors supported many of the changes going on at Maidstone Hospital, but not changes to maternity services; and
- It was felt that ambulances would take women to the hospitals in Ashford and Medway rather than Pembury as the road links were better, which would leave the Trust with financial problems.

The Chairman then thanked the witnesses for attending and answering questions from the Committee, visiting Members and the public.

Councillor Wilson also thanked the witnesses for responding to her Councillor Call for Action, though stated she still had serious concerns over the proposals. She stated that she strongly believed full maternity services should be available in both Pembury and Maidstone, but if it had to be located in only one hospital, she was unconvinced of the statistical case for locating it in Pembury rather than Maidstone.

The meeting was adjourned from 9:15 to 9:25.

The Committee considered the recommendations arising from the meeting and agreed that:

- Responses to the unanswered questions arising from the KCC and MBC responses to the 2004 consultation should be sought;
- The results of the consultation should be requested;
- Empirical evidence for moving the consultancy-led service to Pembury should be sought, particularly in relation to birth rates, deprivation, where women giving birth in MTW Trust hospitals came

from and how many births required emergency consultant intervention;

- Visits for the Committee to the East Kent birthing centres and the Eastbourne maternity unit should be arranged;
- The MTW Trust be asked whether the decision could be reversed; and
- The Trust confirm whether housing and population growth in affected areas had been considered.

The Committee also highlighted that similar proposals in East Sussex had been referred to the Independent Reconfiguration Panel (IRP). The Acting Overview and Scrutiny Manager explained that for this to occur, the Committee would need to submit the evidence it found to the Kent County Council Health Overview and Scrutiny Committee (HOSC) and request that it referred the decision to the Secretary of State for Health. The Secretary of State could then choose to refer it to the IRP. It was also highlighted that Maidstone maternity services was on the HOSC future work programme. The Committee agreed to send the minutes of the meeting and information obtained as a result of the recommendations to the HOSC for consideration, and to request permission to send this to the Secretary of State for Health.

Finally, Members agreed that the recommendations to the health trusts should note their concerns over transport, lack of communication with the public and the dissatisfaction of Trust staff with the proposals.

Resolved: That

1. Responses to the questions that were raised by the Kent County Council NHS Overview and Scrutiny Committee and the Maidstone Borough Council External Scrutiny Committee during the 2004 consultation, which remain unanswered, be requested;
2. The full results of the 2004 consultation be made available to the committee;
3. Empirical evidence for situating the full consultancy-led maternity delivery unit at Pembury be provided to the Committee, including:
 - a. Figures for live births in Maidstone, Tunbridge Wells and Tonbridge and Malling boroughs for the last 3 years;
 - b. Figures on where women giving birth at Pembury come from over the last 3 years;
 - c. Figures on where women giving birth at Maidstone Hospital come from over the last 3 years;
 - d. Figures on the number of births at Maidstone Hospital requiring unexpected consultant intervention in the last 3 years;
 - e. Evidence regarding the impact of deprivation on maternity.
4. Visits to the maternity unit at Eastbourne and the midwife-led centres in East Kent be arranged for the Committee;

5. The MTW Trust inform the Committee whether procedures are available to reverse the decision to reconfigure maternity services in the MTW area;
6. The Trust confirm whether future housing and population numbers in Maidstone, Tunbridge Wells, Tonbridge and Malling, Ashford and Medway have been considered in the plans;
7. The minutes of the meeting and information gathered as a result of the meeting be forwarded to the Kent County Council Health Overview and Scrutiny Committee for consideration, and permission to send this information to the Secretary of State for Health be sought;
8. The Committee's concerns over the alleged journey times between Maidstone and Pembury and the condition of the road be conveyed to the Trust, along with the Committee's opinion that the 5-year provision of a bus service between Maidstone and Pembury will not be of great benefit to the people of Maidstone required to go to Pembury Hospital;
9. The Committee's disappointment that the Trust has failed to involve and inform the community over its plans be conveyed to the Trust; and
10. The Trust be informed that Committee was saddened by information from representatives of the British Medical Association, and from anecdotal evidence provided to Committee Members, that staff at both hospitals are dissatisfied with the proposals.

64. Duration of the Meeting.

6:30 p.m. to 10:05 p.m.

Councillor Call for Action.

The people of Maidstone are entitled to, and demand, their own excellent general hospital with a full range of core services. Obstetrics is a core service and full consultant led maternity delivery is an intrinsic part of obstetric care. I'd like to emphasise the words consultant led maternity delivery. We are not here tonight to be diverted into discussions relating to midwife-led birthing units, the outpatient service, antenatal care, day and foetal assessment or community midwifery all of which are to be provided at or from both Pembury and Maidstone. We are discussing whether it was an appropriate and acceptable decision to remove the consultant led maternity unit from Maidstone and only provide it at the Pembury site.

At the outset, I would like to thank everyone who has come here tonight to take part in this discussion whatever their views. At least the people of Maidstone will be able to hear the arguments on both sides and come to an informed decision for themselves. There are three areas for discussion:

First: Was the original consultation appropriate, were the views of the people we all, both as a council and as a PCT represent, properly sought and were any matters arising from that consultation satisfactorily answered.

Second: The issue of accessibility between Maidstone and Pembury.

Third: The statistical evidence underpinning the decision.

Consultation

When you read through the consultation papers the thing that is most striking is how easily the various committees accepted the arguments put forward by the health authority without insisting on 'getting under the skin' of statements that were made or demanding the evidence to support them. As an example, on page 7 and 8 of the 'Excellence in Care -Closer to Home' 2004 consultation document (page 14 and 15 of tonight's agenda) it states:

"Last year 2,700 babies were born at Maidstone. Of those 490 or one in every five – possibly more- would be suitable for midwife-led care. "

That actually means that 2,210, possibly less, were not suitable for midwife led care. Where is the breakdown of what that would actually have meant in practice? What would have happened to those 2,210 women if the proposals had actually been in place? How many of the 2,210 would have been at risk and pre-booked into Pembury? What would have happened to the others? These were relevant questions at the time of the consultation because, answered in depth, the scrutiny committees would have been provided with a snapshot of one year from which to extrapolate likely scenarios for a one centre consultant

led maternity unit. The questions were not asked and the fact file statement accepted without question.

Then we were told *"of the 2,700 babies born at Maidstone, 1,640 could be safely transferred to Pembury"*. How do those figures relate to the first fact file statement? Does that mean of the 2,210 in the first fact file 1,060 could have been transferred as the need arose during maternity? What does it actually mean? In other words to support an argument the hospital authorities made statements that were not explained and not supported by any in depth evidence and from the papers now available to us no one at either KCC or MBC appears to have insisted on getting straight answers to basic questions. Indeed looking at the papers even where concerns were raised no straight answers were ever forthcoming from the Trust. On page 20 of your agenda papers the MBC scrutiny committee wrote on 8th November 2004 *"members were not convinced that adequate risk assessment has been taken into account with incidences where a woman or baby develops complications during labour or shortly after birth and needs to be transferred."* I cannot find anywhere confirmed that the risk assessment actually took place or that details were given to MBC or KCC. In the main the scrutiny function failed in not following through. However I have also not forgotten that whenever MBC did ask a pertinent or really testing question the answer we invariably received from Miss Gibb was that we were not the official scrutinising authority.

Again KCC repeatedly requested the minutes from a meeting where it was claimed that in principle it was agreed by a majority of staff that centralising high risk obstetrics at Pembury was the most suitable option. From the records it seems that they were never provided.

My contention therefore is that the system of consultation and the way health scrutiny is set up failed the people of Maidstone. The Borough who knew most about its own people were not officially the scrutiny authority and Kent County Council who do have a strategic scrutiny role were not questioning enough.

Then we come to the way questions regarding the proposals were actually framed. At the time many of us stated that we felt the questions were written to elicit the desired response and not put in such a way that people had a chance to actually say what they wanted to say. Or the questions were framed in such a way that it was unclear precisely what was being asked. More to the point the unasked questions are revealing.

Q1 *Are midwife-led units a good idea?* Considering the esteem in which midwives are generally held the answer is an obvious yes. *Would you welcome a unit at both Pembury and Maidstone?* Another obvious yes. *What do you think should be provided at such a unit?* Would any resident actually think to say "A consultant"? Would any resident actually have understood that a midwife-led unit would not have consultant back-up readily available on site? *"Given the reasons as to why we believe a consultant led unit at one site only is*

in the best interests of the population are you in favour of consultant led maternity being transferred from Maidstone to Pembury?" But of course this last question was never asked.

In other words the formal consultation was poor and flawed. The information the consultation document contained was not evidenced, the questions were biased and both KCC and MBC for a variety of reasons, failed to a large extent in their scrutiny of this one very important part of the obstetric service.

I submit that if the current Trust authorities are honest they should accept that in genuine terms a valid consultation never took place.

Now coming on to accessibility.

"Our ambition is to provide women with the best possible choice over where to have their babies, in safety at all time"

On page 17 (page 10 of the original consultation document it states

"If you need to be transferred during your antenatal care or in labour the facility will be there at the new hospital in Pembury. "

And again in answer to "what if complications develop while I am having my baby at Maidstone?", the response was *"the midwives are highly experienced and competent to handle most problems, but when necessary we will be able to transfer mother and baby to Pembury for obstetric care."*

Laughably in the same consultation document page 3 (page 10 on tonight's agenda) it states: *"although road connections are relatively good between Maidstone and Pembury, public transport is not."*

I am tempted to ask 'relatively good' in relation to what? What we actually have between the two sites is a single lane, unlit highway with few, if any, overtaking points between Maidstone and Pembury. A few weeks ago I travelled that road on a lovely, dry day with remarkably little traffic on the road. We went as fast as we could at a 'safe' speed. The journey, hospital to hospital, still took 40 minutes. With rain, snow, fog or ice the journey extends dramatically. With road works, at peak times, with heavy traffic flow or with an accident it reduces to a crawl or comes to a standstill. Even an experienced ambulance driver with other traffic making way for him as much as they possibly can could not significantly reduce the time taken to travel this road. It is also bumpy with many twists and turns.

As one experienced mother wrote to me "I had my son at Maidstone. It was so reassuring I could stay at home for a great deal of my labour, knowing I was five minutes away from the hospital. I certainly wouldn't have done that if I had had to make the long and unpredictable journey to Pembury."

But let us consider the other scenario. If something does go wrong or unforeseen complications occur in a normal delivery, time is of the essence.

To put a woman in labour and with problems into an ambulance and force her to undertake this journey is downright cruel and I would say so dangerous as to be a disgrace to a so called civilised society. And if what I am saying sounds emotional, it is meant to be. How many women and their unborn children are likely to be put at risk this way? We simply do not know – where is that all important risk assessment? How many women every year are likely to be put in this position? What number is acceptable? 10, 20 or even more every year. I would say even one female forced to endure this indignity is one too many. And no arguments about critical mass, difficulty in recruiting will change my view that given this road, this was a crass decision.

Another absolute hum dinger of a red herring is to say that our Maidstone residents will have greater choice. What a whopper. The choice between Medway, Ashford or Pembury if you want your baby in hospital or if you have to have it in hospital because of anticipated problems. But not the choice as have the residents of Ashford, Medway and Tunbridge Wells to have your baby at your easily accessible local general hospital. A home delivery or midwife birthing unit if you choose but a horrible journey if you need a consultant at the 11th hour? In general terms I think we all accept that certain services do have to be centralised in one hospital and that Pembury and Maidstone should be complimentary to each other – but not maternity delivery.

It is no use saying that the hospital is going to run a certain number of buses between the two sites or that they are in negotiation with the bus companies to provide a better public service. These will no doubt assist in making it easier for families to visit their loved ones in hospital, or get to an appointment on public transport – although the cost will probably be prohibitive. However this does nothing to resolve the underlying issue of precisely how any woman in labour will easily access Pembury with or without a car and of greatest importance how those women in labour with an 11th hour problem are supposed to get from one site to the other. There are no current plans to make wholesale improvements to the road which would make the relocation of consultant led maternity from Maidstone to Pembury acceptable.

The Kent and East Sussex County Councils NHS Over view and Scrutiny Joint Select Committee actually stated that “*there is little point in having good local access to a poor service*” but isn’t it amazing that no-one on that committee also thought to make the equally valid argument that it is no good having an excellent service if the connecting road is so poor one cannot easily access it?

Now to the third point. In answer to a question relating to obstetrics from KCC in December 2004 it was stated that “if services were to be provided at Maidstone there would be a vast gap in services for those residents both in the far west of Kent and the East Sussex borders”. Now Maidstone women definitely do not

want to be in direct conflict with those from the Pembury and Tonbridge Wells area – as stated it is felt that this is the one service that should be provided at both sites however if the Trust insists that we can only have the service at one site then the statistical evidence underpinning that decision should stand up to close scrutiny. Once again none of the scrutiny committees appear to have done anything other than have taken the statement regarding a 'vast gap' at anything other than face value.

Figures fluctuate, but at November 2008 births in the county reached their highest rate since 1994. I am told maternity across the county is already full which would appear to indicate that a full maternity service should be maintained at both sites.

Figures from the office of National Statistics for 2007 show Maidstone as having 1,791 live births - the highest figure of all the 12 Kent districts, and despite fluctuations Maidstone has held the highest number of live births in every year from 1981. (Tonbridge wells 1,272)

The current population of Maidstone is 145,400 and growing. Clearly an area of large population is naturally likely to have a greater number of births than an area with a smaller population however we can argue that where the population is higher and the live birth rate higher that is where the consultant led maternity delivery unit should be located.

Let us now look at under 18 conception rates. 2005-07 In Maidstone it stood at 36.8. Tunbridge Wells at 23.1.

Maidstone shows to advantage when looked at in regard to deprivation. Two thirds of our population live in areas classified as among the least deprived 40% nationally but this actually covers up a significant problem. We have pockets of serious multiple deprivation. Figures are based on super output areas rather than on Wards however Parkwood , High Street and Shepway South consistently figure as within the top 20% most deprived areas in Kent, in the South East and also in England. My understanding is that high teenage pregnancy and multiple deprivation are significant contributors towards complications in pregnancy.

I repeat it is my contention that this is the one service that should be provided at both locations however, if it really can only be provided on one site -if you consider the number of live births, and its upwards trend in Maidstone, the steadily increasing population, the areas of really serious deprivation and the current levels of teenage pregnancy I think a case can be made for locating the consultant led maternity unit at Maidstone.

There is another aspect of all this that the Trust would do well to consider. Over the years we have heard much about critical mass in the efforts to attract high quality obstetric practitioners. We should ask and consider how much of this critical mass at the Pembury site is to be provided by Maidstone's women. If we

do not have a centre in Maidstone it seems fairly plain to me that the majority of women will sensibly choose either Medway Maritime or Ashford in which to have their babies because they know they are reachable rather than endure the uncertainty of the Maidstone to Pembury road. Likewise ambulance drivers may well think twice about making that rip when easier options are present. What adverse impacts will those choices have on Medway Maritime, Pembury and Ashford?

Was the original consultation flawed? Is the route between the two hospitals too grim to place the unit at one site only? Can a statistical case be made for retaining a consultant led delivery unit in Maidstone based on birth rates, an increasing population and our serious areas of deprivation? The answer to all three is, I believe, yes.

One final word. Maternity is not an illness in the usual sense. Half the population are women and a goodly proportion of them have already had children. They know what it is like to give birth they know their own bodies and for the hospital authorities to ignore their views and to tell them that the 'experts' know best is patronising. To a great extent I believe we denied them their say by being too low key and frankly accepting of these proposals when the 'official' consultation took place. Our petitions have been ignored by the Trust. Both Helen Grant and Peter Carroll have now attempted to redress this situation and the response has been overwhelming. Do you really think anyone would bother responding to a prospective parliamentary candidate, no matter how colourful or innovative their campaigns, if they did not really think it was important. To date we have received 1,911 letters and there are now over 3000 postings on Peter's maternity Facebook site. I think this says it all – Many correspondents have told of their own experience. Indeed I have received many emails from women who could not be here tonight but wanted to tell their story. They know they wouldn't have made it to Pembury and they want a full consultant led maternity delivery service to stay in Maidstone. Our healthcare services are supposed to be patient-led. I think we should be listening to them.