Appendix O – Maternity services options appraisal – detail benefit criteria and weightings

Detailed Benefit Criteria		Weighting %
1	**Clinical Quality, Safety, Configuration & Choice** *Enables the provision of safe, sustainable, high quality services in line with national guidance standards and frameworks*	**35**
1.1	Enables the safe, sustainable and clinically effective delivery of the agreed Service Models for Neonatal, Gynaecology, Maternity Services and Genetics	9
1.2	Creates a critical sustainable mass of activity, staff and equipment to deliver consistently safe, expert care	6
1.3	Provides a configuration of services that maximises the required services adjacencies and optimises the patient journey, which: - minimises clinical risk - enhances the overall patient experience.	5
1.4	Is in line with the Better care together and UHL 5 year plan and clinical strategy, centralising care where necessary, localising where possible and yet is flexible to respond and adapt to future policy and demand.	3
1.5	Delivers care closer to home where safe service delivery and critical mass is achieved	3
1.6	Addresses the requirements of national and local policy for example NICE guidance, IOG guidelines and relevant National Service Frameworks, RCOG and NMC guidelines.	3
1.7	Takes into account demography and deprivation	3
1.8	Delivers a configuration of services that is understandable for staff and patients, and offers choice	3
2	**Efficiency and Service Effectiveness** *More efficient and effective use of resources to reflect growing service provision*	**20**
2.1	Allows provision of an effective service that maximises clinical governance whilst minimises clinical risk	7

Detailed Benefit Criteria		Weighting %
2.2	Enables optimum use of all resources.	4
2.3	Delivers an acceptable transitional strategy: that maintains service capacity: patient accessibility; and minimises disruption during implementation	3
2.4	Demonstrates an efficient deliverable workforce solution that is sustainable	6
3	**Flexibility** *The extent to which the development of services has the capability to respond flexibly to changes in clinical practice, activity and service delivery changes*	**10**
3.1	Facilitates a generic approach where possible to the use of space and shared facilities whilst ensuring functionality.	4
3.2	Allows for expansion/contraction potential to meet new guidance; business opportunities and service demands	3
3.3	Accommodates changes in technology and its application to efficient delivery of services	3
4	**Quality of the Patient Environment** *The provision of an environment that maximises the provision of high quality services*	**10**
4.1	Optimises patient's privacy and dignity	2
4.2	Provides a welcoming environment and suitable facilities for patients, relatives and staff	2
4.3	Supports the equality & diversity of patients	2
4.4	Provides safe and easy access through the building	2
4.5	Enables accommodation to be sized which is fully functional	2
5	**Training Education & Research** *Maintains and enhances education, training and research*	**15**
5.1	Provides appropriate facilities for up to date education and training,	9

Detailed Benefit Criteria		Weighting %
	that meets the requirements for all staff and students	
5.2	Enhances opportunities for research through collaboration with academic partners	6
6	**Accessibility** *The ease of external access to facilities and once on site to the services provided*	**10**
6.1	Accessible public transport links	3
6.2	Access for ambulances, private vehicles, emergency drop off and car parking	4
6.3	Ability to plan journey to facilities based on site, is understandable	3

Alternative suitable hospitals for women who might use LGH

Similarly the table below shows alternatives to LRI for women from postcodes where residents might be negatively impacted by services moving from LGH to LRI, based on historical patterns of activity. Closest hospitals are highlighted in green, other possible alternatives in yellow.

Table 12: Possible alternative hospitals for those that might use LGH and be negatively impacted

Postcode	Alternative hospitals by car				
	Leicester General Hospital	Leicester Royal Infirmary	Peterborough & Stamford FT	Kettering General Hospital FT	Nottingham University Hospital
LE12 6	26	28	61	55	22
LE12 7	27	29	66	56	30
LE14 2	33	40	43	45	40
LE14 3	25	28	56	55	25
LE14 4	39	42	48	58	36
LE15 6	31	41	33	33	52
LE15 7	39	48	32	39	54
LE15 8	31	40	34	31	53
LE15 9	27	37	31	23	59
LE16 7	23	28	50	19	56
LE16 8	33	38	45	21	64
LE16 9	29	34	58	21	65
PE9 3	38	48	23	33	66

Mitigation of negative impact for option 1

If the decision is made to move all Women's services to LRI and have a standalone MLU at LGH (option 1) the impact is largely on women who would presently use St Mary's for midwifery services and those that would use LGH for obstetrics and neonatal services. The total number of inpatient stays that would be negatively impacted based on historical data is 230 for midwifery services at St Mary's and 1068 for obstetrics and 9 for neonatal at LGH. Outpatient activity is not impacted for midwifery but is for obstetrics (953) and neonatal (209).

Considering midwifery services there are a number of possible mitigations for the impact of this change including home births, alternative hospitals and the planned improved facilities at LRI. It also needs to be noted that the negative impact is only on the place of birth, as ante-natal and postnatal services will continue to be delivered locally.

The table below summarises the impact on midwifery services and possible mitigations for women living in postcodes that would be negatively impacted by this change. It is not possible to assess the impact on neonatology and well babies by postcode as the data was not recorded by postcode.

This analysis assumes that all women who presently use St Mary's for midwifery services will chose LGH as opposed to a collocated MLU at LRI, and that all women who presently would use LGH for midwifery services as a collocated MLU will continue to do so as a standalone MLU. As described earlier these are quite broad assumptions.

Table13: Mitigation for negative impact on women who might presently use St Mary's Birth Centre for midwifery services

Postcode	Inpatient stays for midwifery services in 2014/15	Total travel time to LGH/minutes	Increase versus St Mary's/minutes	Mitigation by home birth	Alternative closer hospital
LE12 7	16	27	0	Yes	LGH is closest
LE13 0	29	24	19	Yes	LGH is closest
LE 13 1	35	33	31	Yes	LRI closest
LE14 2	4	33	24	Yes	LGH closest
LE14 3	12	25	12	Yes	LGH closest
LE14 4	9	39	30	Yes	QMC Notts
LE15 6	16	31	10	Yes	LGH closest
LE15 7	4	39	18	Yes	Peterborough and Stamford
LE15 8	2	31	8	Yes	LGH closest
NG13 0	1	45	20	Yes	QMC Notts
NG33 5	3	49	30	Yes	LGH closest

The impact and mitigation of obstetrics and neonatology moving from LGH to LRI is described below.

Table14: Mitigation of negative impact on women who might presently use LGH for obstetrics and neonatology

Postcode	Obstetrics		Neonatology		Travel time by car		
	Outpatient attendances	Inpatient stays	Outpatient attendances	Inpatient stays	Total travel time to LRI/minutes	Increase versus LGH/minutes	Mitigation
LE12 7	`44	57	8		29	2	None LRI closest
LE13 0	29	40	5	1	34	5	None LRI closest
LE 13 1	36	39	16	1	38	5	None LRI closest
LE14 2	26	23	4		40	7	None LRI closest
LE14 4	16	9	6		42	3	Could use Nottingham (36mins)
LE15 6	29	30	3		41	10	Could use Pboro and Stamford (33 mins)
LE15 7	12	13	3		48	9	Could use Pboro and Stamford or Kettering (32 and 39 mins)
LE15 8	24	7			40	9	Could use Kettering or Pboro and Stamford (31 and 34 mins)
LE15 9	19	13	1		37	10	Could use Kettering or Pboro and Stamford (23 and 31 mins)
LE16 7	27	32	10		28	5	Could use Kettering

Postcode	Obstetrics		Neonatology		Travel time by car		
	Outpatient attendances	Inpatient stays	Outpatient attendances	Inpatient stays	Total travel time to LRI/minutes	Increase versus LGH/minutes	Mitigation
							(19mins)
LE16 8	22	14			38	5	Could use Kettering (21 mins)
LE16 9	31	36	9		34	5	Could use Kettering (21 minutes)
LE2 2	55	47	5		14	7	None LRI closest
LE 2 4	50	56	8		17	6	None LRI closest
LE 4 9	66	63	17		16	7	None LRI closest
LE5 0	44	62	14		12	7	None LRI closest
LE5 1	68	81	16		17	9	None LRI closest
LE5 2	40	56	13	2	16	10	None LRI closest
LE5 4	37	64	21	1	12	11	None LRI closest
LE5 5	44	75	17	2	10	7	None LRI closest
LE5 6	31	49	13		13	10	None LRI closest
LE7 2	40	45	9		22	6	None LRI closest
LE7 3	39	29	2		25	7	None LRI closest
LE7 9	58	61	5		25	10	None LRI closest
LE8 9	27	30		1	19	6	None LRI closest

Mitigation of negative impact of option 2

The situation if there is no MLU creates an additional impact where all women would need to travel to LRI for maternity services. The impact on obstetrics and neonatology is as shown in figure 38.14.

The figure below summarises how the impact of option 2 on the following groups of women might be mitigated, based on 2014/15 activity data:

- All midwifery inpatient stays at St Mary's Birth Centre transferring to LRI.
- All midwifery inpatient stays at LGH transferring to LRI.
- All midwifery outpatient appointments at LGH transferring to LRI.

Table15: Potential alternative provision for residents of significantly negatively impacted postcodes

Postcode	Inpatient stays for Midwifery services at St Mary's 2014/15	Inpatient stays for Midwifery services at LGH 2014/15	Outpatient appointments for Midwifery at LGH 2014/15	Total travel time to LRI /minutes	Increase versus St Marys /minutes	Increase versus LGH /minutes	Mitigation
LE12 7	16	34	10	29	6	2	None LRI closest
LE13 0	19	29	6	34	29	5	None LRI closest
LE 13 1	35	21	5	38	36	5	None LRI closest
LE14 2	4	8	5	40	31	7	None LRI closest
Le14 3	12	12	2	28	15	3	None LRI closest
LE14 4	9	3	2	42	33	3	Could use Nottingham (36mins)
LE15 6	16	17	6	41	20	10	Could use Pboro and Stamford (33 mins)
LE15 7	4	6	2	48	27	9	Could use Pboro and Stamford or Kettering (32 and 39

Postcode	Inpatient stays for Midwifery services at St Mary's 2014/15	Inpatient stays for Midwifery services at LGH 2014/15	Outpatient appointments for Midwifery at LGH 2014/15	Total travel time to LRI /minutes	Increase versus St Marys /minutes	Increase versus LGH /minutes	Mitigation
							mins)
LE15 8	2	5		40	17	9	Could use Kettering or Pboro and Stamford (31 and 34 mins)
LE16 7	2	13	5	28	N/A	5	Could use Kettering (19mins)
LE16 8	5	11	2	38	N/A	5	Could use Kettering (21 mins)
LE16 9	12	17	5	34	N/A	5	Could use Kettering (21 minutes)
LE2 2	5	24	1	14	N/A	7	None LRI closest
LE24	3	29	5	17	N/A	6	None LRI closest
LE4 9	3	46	13	16	N/A	7	None LRI closest
LE5 0	2	30	4	12	N/A	7	None LRI closest
LE5 1	9	49	13	17	N/A	9	None LRI closest
LE5 2	1	34	8	16	N/A	10	None LRI closest
LE5 4	1	39	12	12	N/A	11	None LRI closest
LE5 5	1	47	13	10	N/A	7	None LRI closest
LE5 6	3	23	5	13	N/A	10	None LRI closest

Postcode	Inpatient stays for Midwifery services at St Mary's 2014/15	Inpatient stays for Midwifery services at LGH 2014/15	Outpatient appointments for Midwifery at LGH 2014/15	Total travel time to LRI /minutes	Increase versus St Marys /minutes	Increase versus LGH /minutes	Mitigation
LE7 2	20	32	7	22	N/A	6	None LRI closest
LE7 4	8	9	2	25	7	3	None LRI closest
LE7 3	10	13	2	25	3	7	None LRI closest
LE7 9	7	36	7	25	3	10	None LRI closest
LE8 9	4	16	2	19	N/A	6	None LRI closest

NB - N/A indicates a shorter journey

Summary of impact and mitigations for Options 1 and 2

The impact analysis assessed the impact on residents of postcodes where the impact is felt to be material. That is where an increase in travel time greater than 5 minutes, increase in cost greater than £1 and a total journey time of over 30 minutes would be experienced. Based on this the impacted postcodes, the degree of impact and the mitigation of using an alternative provider outside of LLR are shown below.

The impact of option 1 is lower than the overall impact of option 2 on the materially negatively impacted postcodes as shown in the table below.

Table16: Summary of impact of option 1 and option 2

Option	Impacted inpatient stays at St Mary's Birth Centre	Impacted inpatient stays at LGH	Impacted outpatient appointments at LGH	Overall impacted activity
Option 1 MLU at LGH	230 midwifery	9 neonatal 1068 obstetrics	215 neonatal 977 obstetrics	2,499
Option 2 No standalone MLU	230 midwifery	9 neonatal 1068 obstetrics 601 Midwifery	215 neonatal 977 obstetrics 146 Midwifery	3,246

Option 2 would see more women having to travel further for services, however this makes the assumption that all women who use LGH midwifery services co-located with obstetrics would use or be able to use a standalone midwifery service. This is potentially not likely to be the case so the impact of option 1 may be higher than this data indicates.

The provision of a standalone midwifery unit at LGH does mitigate the impact of the proposed transfer of services from St Mary's Birth Centre.

A number of additional journeys might be mitigated by the use of alternative services outside of LLR, however some of these are closer today and not selected so it cannot be assumed that all women will see travel time as the main drive of choice or that an increase of a few minutes will be classed as material. A number of other factors need to be taken into account, and the impact of both options can additionally be mitigated by:

- For midwifery services: home births.
- For all obstetrics and midwifery services: the provision of a new specific Women's site at LRI may be attractive.
- For neonatology services: on the same site as the children's hospital.
- Specific short stay / drop off near the Women's hospital for women in labour.
- All antenatal and postnatal services will continue to be delivered locally so the negative impact, in the case of midwifery services, is related to giving birth only.

Conclusion

The residents of a number of postcodes are likely to be negatively impacted by the shift of maternity services. The level of impact as described above depends on which option is selected post consultation; the option to have an MLU at LGH or the option to have all Women's services delivered via LRI.

The provision of an MLU at LGH would if used as now reduce the impact of the change. However this does not take into account that women may use LGH services now for midwifery services because they have a co-located obstetrics unit, and without this some women may choose to go to LRI or other hospitals. There is the potential for significant flows out of LLR as a result of this move but these are mitigated by the provision of a modern Women's hospital at LRI, as evidence shows patients will choose services based on expertise of specialist and waiting times and not just location.