

Appendix R – UHL Maternity services public engagement activities

The table below summarises a number of the Maternity workstream engagement events and provides details of the topics discussed and the feedback received. It also shows the points taken into account when evaluation the options.

Date	Event Name	Venue	No of attendees	Themes
2010	Next Stage Review – maternity and newborn			<ul style="list-style-type: none"> • Safe services are most important. • Want access to acute services if problems arose. • Midwife clinics and post-natal care wanted closer to home. • More willing to travel for Specialised services. • 2/3 people asked opted for acute hospital ward birth over MLU setting.
03/2015	BCT engagement campaign		1,000	People asked wanted services that: <ul style="list-style-type: none"> • Improve overall care and outcomes for mums and babies. • Offer choice and integration between primary and secondary care. • Are affordable and in line with national standards.
Ongoing	BCT Maternity & Children's Steering Group Meeting	Leicestershire County Council offices, County Hall, Glenfield	8-12	The BCT PPI lead, Pratiba Mkadmi attended several of these meetings until June 2015 (see minutes).
Ongoing	Women's Project Board	LRI	8-12	Attended by Healthwatch representatives. Provide ongoing input, discussion, and challenge to the wider project and proposals.
02/06/15	Twins at Tots Time	Sapcote Scout Hut, Church Road LE9 4FG		Attended by Carmel Angrave.
03/06/15	Public Listening Event: "Have your say on the future of childbirth and gynaecology services"	The Big Shed, Commercial Square, Freeman's Common, Leicester LE2 7SR	43 (19 members of the public)	After a presentation delivered by clinicians from Leicester's Hospitals and a representative from the Better Care Together programme board, the attendees were split onto five tables and asked to list the following headings in priority order: <ul style="list-style-type: none"> • Clinical Quality & Configuration. • Safety. • Efficiency & Service Effectiveness. • Flexibility. • Quality of the Patient Environment.



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				<ul style="list-style-type: none"> • Training, Education & Research. • Accessibility. <p>These headings mirrored the weighting criteria used to short list potential Models of Care for Women’s services.</p> <p>A summary of the findings is below:</p> <ul style="list-style-type: none"> • Tables 1, 2, and 3: placed “Clinical Quality and Configuration” and “Safety” at the top of their list of priorities. • Tables 1, 2 and 3: placed “Accessibility” and “Quality of the Patient Environment” as the next most important criteria. • Tables 1 and 2 placed “Training, Education. • & Research”, “Efficiency & Service Effectiveness” and “Flexibility” in the remaining three places, in that order of priority. • Table 3 placed “Flexibility” in first place out of these remaining slots, with the others following in the same order as tables 1 and 2. • Table 4 had a very different order of priority, with “Accessibility” topping the list; “Clinical Quality and Configuration” and “Quality of the Patient Environment” in joint second; “Safety” and “Training, Education & Research” in joint third; “Efficiency & Service Effectiveness” and “Flexibility” in joint fourth. • Table 5 were unable to prioritise the criteria and arranged them in a circular format, implying that all were of equal importance. <p>The project team at Leicester’s Hospitals used this feedback to influence the option appraisal for the Women’s services.</p>
12/06/15	Options appraisal	Voluntary Action Leicester	45 (Clinical directors and service leads, Deputy Medical director (SRO), operational staff, midwives, project team, commissioner, interested stakeholder	<p>Key themes from session, which informed the appraisal of all the options:</p> <ul style="list-style-type: none"> • Importance of clinical adjacencies. • Patient choice. • Recognition of importance of home births. • Preference for all maternity services to be on one site (option scored highest).



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			groups, Healthwatch, UHL patient partners	
17/06/15	Options appraisal: validation session	Voluntary Action Leicester	30 Clinical directors and service leads, Deputy Medical director (SRO), operational staff, midwives, project team, commissioners . Healthwatch, interested stakeholder groups, UHL patient partners	The outcomes of the 12 June session were validated and options confirmed.
09/07/15	BreastFriends	Bishop Street, Leicester LE1 6AF (breast feeding support group)	12 members of the public; Karl Mayes	<p>Key themes emerging from this discussion included;</p> <ul style="list-style-type: none"> • Women want real choice to have their babies at home (more investment in home birthing). • Several women felt they were discouraged from having a home birth. • Birth is over – medicalised, the group wanted more empowerment for women to make their own choices. • For hospital births the group preferred a hospital that was close to home but not one that compromised quality of care. • Several women would like more stand-alone midwifery units. Melton is too far to travel to for those living the other side of the county. • There was concern about poor staffing levels in LRI and LGH. • All members of the group asked for more support for breast feeding. • A woman of Gujarati heritage noted that the extended family was not included in breast feeding support and this ignored the cultural needs of women. • If services were all in one place it would compromise families as they may struggle to visit. • Concern was expressed that women using fertility services shared these with new mothers. This was felt to be insensitive. The preference was to keep these



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				<p>services separate.</p> <ul style="list-style-type: none"> Overall a preference was expressed for a properly funded community based midwifery service.
17/07/15	Healthwatch Rutland run event for Rutland women	Conference Room, Gover Centre, Voluntary Action Rutland, Lands End Way, Oakham LE15 6RB	6 members of the public, Elaine Broughton, Karl Mayes	<p>This event was organised by Healthwatch Rutland. Unfortunately turn-out was poor. However the following themes were discussed.</p> <ul style="list-style-type: none"> Access to Parentcraft classes for women in rural areas was seen as very important. The point was made that women in Rutland have a choice of provider. As such, if they were not happy with the services under BCT they may end up going to Peterborough instead. There was support to retain St Mary's Birth Centre as it was easier to access from Rutland than LRI or LGH. It was also noted that the estate at St Mary's was run down and needed investment. One participant said that it was better to have two good MLUs than several of lesser quality. Another participant said that women would be happy to travel further if they knew they had access to high quality obstetric care. In general the most important factors were "safety, in the right place at the right time". Public transport links from Rutland to Leicester were said to be "awful" and this would make it very difficult for families to travel to the city.
22/07/15	UHL staff briefing	LRI	10 staff	<ul style="list-style-type: none"> Robust communications to staff about proposals in a timely manner.
28/07/15	Charnwood BRAS (breastfeeding support group)	Mountsorrel Sure Start Children's Centre Christchurch and St Peter's CofE Primary School Rothley Road Mountsorrel LE12 7JU	7 members of the public	<p>Themes emerging:</p> <ul style="list-style-type: none"> Support for MLUs. "if there is a consultant next door this will increase your chances of being referred". A contrary view – if the MLU was next to the hospital it would be safer. MLUs are better at controlling pain and supporting breast feeding. The ratio of midwives to women is better at MLUs. Antenatal care needs to be improved. No time to discuss plans for a natural birth. Women are going



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				<p>in to labour without knowledge of options for non-epidural pain relief.</p> <ul style="list-style-type: none"> • The group said they would value greater post-natal input and care. • Continuity of care (seeing the same professional each time) was valued. • If all services were delivered at LRI this would cause problems for women living further away. Women would end up giving birth before they got to LRI. • The clinical environment can discourage women from breast feeding. • More support in the community and better links between hospital and community services. • Clinics should be available at satellite sites across the county. • Infertility and gynaecology services should be completely separate from maternity. • Parking is a significant issue at LRI.
01/09/15	Options appraisal – midwifery-led care	Voluntary Action Leicester	30	<ul style="list-style-type: none"> • Need to increase numbers of home births. • Detailed statistics are needed to support all plans/consultation options moving forward. • Recognition of challenges around providing midwifery-led care at Melton in the future. • Need to expand post-natal care.
11/09/15	Toddler Town Huncote	The Pavillion, Sportsfield Lane, Huncote LE9 3BN	6	<p>Discussed what was important to women about maternity services what would they like to see changed improved.</p> <p>Key issues Safety and breastfeeding support.</p>
15/09/15	Women's preferred option discussion	Voluntary Action Leicester	28	<ul style="list-style-type: none"> • Preference for all acute services to be located on one site – LRI. • Preference to provide one standalone MLU. • Location of MLU should be at LGH to increase access and equity of service provision for LLR.
15/09/15	Toddler Town Wigston	Freer Community Centre Leicester Road, Wigston LE 418 1HQ	5	<p>Discussed what was important to women about maternity services what would they like to see changed improved.</p> <p>Key issues car parking and post-natal support.</p>
17/09/15	Public Meeting	The Big Shed 93 Commercial Square Freeman's	30 members of the public	<p>Public meeting to talk and discuss what are the issues facing maternity services some of the driving factors and look at what is important to women.</p>



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		Common		Key issues Safety, car parking concerns re potential loss of St Mary's for post-natal support.
20/09/15 10am-3pm	Sikh Community Centre Health Fair	The Sikh Community Centre 106 East Park Road, Leicester LE5 4QB	10 members of the public, Elaine Broughton, Carmel Angrave	There were 100's of people around as there was a wedding at the centre as well, although we probably only spoke to around 10 people directly. Providing advice to Sikh community re access and importance of maternity care, and what was important to them, explained we were looking at some changes within maternity provision and would like their opinions. Very welcoming
28/09/15	Sharma Women's Centre	39- 45 Sparken hoe Street,		Providing advice re early booking and access to Asian population and getting feedback on services and asking what is important. Key issue parking.
24/ 5 /16	Models of care workshop	Voluntary Action Leicester	30	Meeting to discuss with key stakeholders including Healthwatch and PPI representatives the proposed Models of Care for the BCTP/ LMS plan.
10/06/16	Politician meeting: Keith Vaz		John Adler, Dr Chris Allsager, Mr Andrew Furlong, Mr Ian Scudamore	Discussion on the future proposals for LGH including maternity services.
22/11/16	Radio Leicester Interview	Radio Leicester	Ian Scudamore	Focus on the future of maternity services.
23/11/16	County Councilors meeting	County Hall	Toby Sanders, Ian Scudamore	Discussion on the future proposals for LGH including maternity services.
23/11/16	City Councilors meeting	Town Hall	Sue Locke, Ian Scudamore	Discussion on the future proposals for LGH including maternity services.
30/11/16	Staff Briefing	St Mary's Birth Centre	20 staff; Elaine Broughton, Louise Payne	Meeting with staff following information in the press that services were going to be transferred from St Mary's, concerns about their Jobs answered, where they would be offered posts if services transferred etc
06/12/16	Health and Wellbeing Board	Gus Laxton Room County Hall	Toby Sanders, Ian Scudamore	Briefing on the BCTP.



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14/12/16	LLR Scrutiny Committee (City, County, Rutland)	City Hall	Mark Wightman, Ian Scudamore	Discussion on BCTP priorities.
27/01/17	Meeting with Melton Borough Councillors;	Melton Borough Council, Parkside, Station Approach, Burton Street, Melton Mowbray, LE13 1GH	Mark Wightman, Ian Scudamore with Pam Posnett and 2 colleagues	Discussion on the future proposals for maternity services and future of St Mary's Birth Centre.
09/02/17	Video Shooting	Available on You Tube	Ian Scudamore	STP priorities; focus on maternity.
13/02/17	MSLC	Gilmorton Children Center	17	Proposals for STP and LMS plan shared with MSLC and group asked for comments.
23/02/17	City CCG Public Presentation		Axhar Farooqui, Ian Scudamore, John Jameson	Presentation of BCTP plans.
02/03/17	HOSC	City Council Offices	John Adler, Mark Wightman, Ian Scudamore	Discussion on the future proposals for LGH including maternity services.
4/04/17	LMS workshop	LGH meeting room	20	Key stakeholders came together to help shape the plan bases on all feedback.
7/07/17	LMS workshop	Education center LGH	17	Stakeholders come together to help finalize fier submission of the plan including , Midwives obstetricians neonatologist HV PPI reps PH commissioners and NHSE.
9/9/17	STP PPI forum	Voluntary Action Leicester	30	The LMS plan was presented to the PPI group for scrutiny and challenge. General agreement some concerns over practicalities of achieving continuity. They queried whether this is really what women want?
26/9/17	City GP forum (ICG)	LCCCG East Street	28	The plan was presented to City GP and clinical forum for scrutiny and challenge. General agreement of the plan . The role of the GP in pathway needs to be clear.



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3/10/17	Local Clinical Senate	County Hall	12	The plan was presented to local clinical senate for scrutiny and challenge. Some useful feedback regarding changes required but general support of the plan us.
10/10/17 and 7/11/17	Clinical Commissioning groups Governing	CCG	60	The plan was presented to CCGs governing bodies for scrutiny and challenge to obtain sign off for the BCTP. All three CCG Supported the plan sign of for BCTP obtained.
16/01/18	Regional Clinical Senate	Voluntary Action Leicester	12	The plan was presented regional clinical senate for scrutiny and challenge. Key elements of the plan agreed but provided advices re pack of supporting information that would be required to progress.