Better Beginnings

Proposals for the future of NHS maternity, in-patient children’s services and emergency gynaecology in East Sussex

Public consultation

Give us your views on the future of health services for local women and children

Have your say

January 14 to April 8 2014
**Foreword**

As local GPs, we feel passionate about providing the best possible NHS care for women and children. Local people deserve services that are safe and high quality.

Most of the women and children using maternity and in-patient paediatric services in East Sussex receive excellent care from dedicated nurses, midwives and doctors.

But we need to do much better. In many areas we have been failing to meet local and national standards for safety and quality.

This consultation document presents six options for the future of maternity, in-patient paediatric and emergency gynaecology services in East Sussex to ensure they can be provided in a safe and high-quality way in the long term.

**Why we need to change**

Over recent years it has become more and more difficult to maintain high standards of safety and quality in our local hospitals, particularly in consultant-led maternity services. Too many women and children have been placed at risk of serious harm in childbirth. That has to change.

Since 2008, the NHS locally has worked hard and invested more money to keep consultant-led maternity services on two small sites. We have seen some improvements but have not seen safe, high quality services delivered consistently.

This consultation has developed from an in-depth clinical study of all maternity and paediatric services across Sussex, which identified an urgent need to improve safety and quality in East Sussex.

We are not unique. Many other smaller maternity and paediatric services across the country are facing the same challenges.

In May 2013, East Sussex Healthcare NHS Trust (ESHT) temporarily located all consultant-led maternity services and in-patient paediatrics to the Conquest Hospital, Hastings, in response to a trend of worrying safety problems.

We agreed that this temporary arrangement would need to be properly reviewed with ESHT, local partners, patients and the wider community to develop and agree a safe and high-quality long-term solution.

In this document, we describe six options for providing these services across hospital sites at Eastbourne, Hastings and Crowborough. The options have been developed by leading local GPs in partnership with hospital clinicians and informed by widespread public engagement.

**What are we consulting on?**

All of the options include:

- A consultant-led maternity unit in East Sussex
- Two midwife-led birthing units in East Sussex
- An in-patient paediatric ward in East Sussex
- A short-stay paediatric assessment unit at both Eastbourne and Hastings
- An emergency gynaecology service on a single site in East Sussex

The main difference from the services as they were provided before the temporary changes is that the options do not include the provision of consultant-led maternity and in-patient paediatric services on two hospital sites.

There is a wide range of clinical evidence that has led clinicians in East Sussex to conclude that we cannot maintain safe consultant-led maternity services on two small sites. We cannot move forward with options that we do not believe are safe.

**Have your say**

Please read the options carefully (page 24 onwards). These six options are the only ones we believe can ensure the high standards in safety and quality we expect as local GPs.

We want to know what you think. This is an opportunity for us to work together to reshape your local NHS maternity, in-patient paediatric and emergency gynaecology services to ensure safe and high quality care for the future wellbeing of women, babies and children.

**What are CCGs?**

- Clinical Commissioning Groups are new NHS bodies, led by local GPs, which since April 2013 have been responsible for planning and buying the majority of local health services.
- There are three CCGs in East Sussex:
  - Eastbourne, Hailsham and Seaford CCG
  - Hastings and Rother CCG
  - High Weald Lewes Havens CCG

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**Dr Martin Writer**

Eastbourne GP
Chair of Eastbourne, Hailsham and Seaford CCG

**Dr Roger Elias**

Bexhill GP
Chair of Hastings and Rother CCG

**Dr Elizabeth Gill**

Buxted GP
Chair of High Weald Lewes Havens CCG
Which services are being considered for change?

This consultation relates to maternity and in-patient paediatric services in East Sussex provided at our local hospital sites before the temporary changes made in May 2013, plus emergency gynaecology.

For maternity services, we are considering birthing services offered at Eastbourne District General Hospital (DGH), the Conquest Hospital, Hastings and Crowborough War Memorial Hospital.

For paediatrics we are considering in-patient children’s services provided at EDGH and the Conquest Hospital.

For gynaecology we are considering only emergency gynaecology provided at the Eastbourne DGH and the Conquest Hospital. We are not considering other gynaecology services such as outpatients and planned in-patient surgery.

What were the temporary changes?

In May 2013 East Sussex Healthcare NHS Trust (ESHT) made temporary changes to maternity and paediatric services at the Eastbourne DGH and Conquest Hospital on the grounds of safety. Services at Crowborough were not changed.

Under the temporary changes, both main hospital sites continued to provide the following services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Eastbourne DGH</th>
<th>Conquest</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATERNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant-led (obstetric) care</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Freestanding Midwifery Led Unit</td>
<td>✗</td>
<td>✔</td>
</tr>
<tr>
<td>PAEDIATRICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatric in-patient beds</td>
<td>✔ 15 beds</td>
<td>✗ 15 beds</td>
</tr>
<tr>
<td>Short stay paediatric assessment unit</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Special Care Baby Unit</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>GYNAECOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency gynaecology surgery</td>
<td>✔</td>
<td>✗</td>
</tr>
</tbody>
</table>

The following table shows which of the services were temporarily changed in May 2013:

<table>
<thead>
<tr>
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<th>Eastbourne DGH</th>
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</tr>
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<td>Emergency gynaecology surgery</td>
<td>✔</td>
<td>✗</td>
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</tbody>
</table>

Numbers of people using these services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Eastbourne DGH</th>
<th>Conquest</th>
<th>Crowborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births 2012/13</td>
<td>1973</td>
<td>1865</td>
<td>253</td>
</tr>
<tr>
<td>Paediatric emergency in-patient admissions for East Sussex children 2012/13</td>
<td>3048</td>
<td>2843</td>
<td>NA*</td>
</tr>
<tr>
<td>Emergency gynaecology in-patient admissions for East Sussex women 2012/13</td>
<td>458</td>
<td>516</td>
<td>NA*</td>
</tr>
</tbody>
</table>

* not applicable
Description of services

**Consultant-led maternity service (obstetrics)**

Consultant-led services are staffed by doctors (obstetricians) and midwives in a hospital environment and provide care to women who require more specialist support to give birth. They are supported by doctors specialising in pain relief (anaesthetists) and care of babies (neonatologists/paediatricians). Obstetricians are able to provide care for women who have medical conditions or pregnancy-related problems that place them at a higher risk of experiencing complications that need medical supervision or intervention.

Specialist support available in consultant-led units includes:

- Interventions such as caesarean section and induced labour
- Epidural pain relief
- Forceps and vacuum-assisted (ventouse) birth if needed
- Special care for sick babies

**Midwife-led unit**

Midwife-led units (MLUs) are maternity units where care is provided by midwives. They offer care to women with a straightforward pregnancy who are at low risk of developing complications.

Midwife-led units can be in a community setting (known as a “freestanding unit”) or on the same site as a hospital providing obstetric services (known as an “alongside” unit). There is no difference in the service provided by an alongside unit in a hospital setting or a freestanding unit in the community. If a woman during labour needs obstetric care, they will be transferred from the midwife unit to a consultant-led unit.

**Special care baby unit**

All maternity units have responsibility for the safe care of new born babies. Babies who require continuing support after birth will be looked after in a special care unit at a hospital site. Staff who work in these units have additional skills to provide expert care for babies.

**Short stay paediatric assessment unit (SSPAU)**

A SSPAU is staffed by paediatric doctors and nurses who assess and treat children who have been referred to a paediatrician by a GP or through A&E.

In the vast majority of cases children can be assessed, treated and allowed to go home without an overnight stay. Those children with more complex medical needs who need to stay overnight will be transferred to an in-patient paediatric unit.

**In-patient paediatric unit**

These are resourced and equipped to look after children who are very ill and need to stay in hospital overnight or longer.

Children admitted for emergencies and who are likely to require overnight care would typically be taken directly to an in-patient unit, or transferred from an SSPAU.

**Emergency gynaecology**

The emergency care of problems occurring in the female genital tract. It also includes treatment for problems occurring in early pregnancy such as miscarriage and ectopic pregnancy.

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Debbie Gowers
Midwifery Matron, Crowborough Birthing Centre

“Midwife-led units provide a home from home environment and are offered as an alternative place of birth for low risk women. They offer the woman continuity and one-to-one care throughout their pregnancy, birth and postnatal period.

“A major benefit of midwife-led units is that women feel in control of their birthing experience. Midwife-led units’ breastfeeding rates are outstanding, intervention rates are much lower than in an obstetric unit and staff and client satisfaction is high.”

Liz Vaughan: Paediatric matron, East Sussex Healthcare NHS Trust

“The modern philosophy in children’s nursing is to minimise the time a child spends in hospital. Short stay paediatric assessment units allow us time to assess a child’s needs, treat them and if possible, get them home again to sleep in their own beds which is good for the child, their parents and the rest of the family.”
Why we need to change

Background

The challenge to provide consistently safe and high quality maternity services in East Sussex has a long and complex history.

Problems recruiting and retaining staff to maintain these services across our local hospital sites date back at least ten years.

In 2007, local NHS bodies proposed to address these problems by reconfiguring consultant-led maternity, newborn and in-patient gynaecology services. Following public consultation, a decision was made to situate these services at the Conquest Hospital, Hastings.

This decision was overturned by the Secretary of State in 2008. A body called the Independent Review Panel made recommendations about how these services should be provided in the county.

An extra £3.1 million was invested per year over and above normal and a number of service improvements were made by East Sussex Healthcare NHS Trust as a result.

As a result of this:

- More doctors and midwives were recruited
- Early pregnancy services were established and women were given direct access to midwives
- Training for medical staff was improved
- Assessment and treatment of maternal mental health was improved.

Despite these and other achievements, concerns about the safety of these services remained, mainly because there have been ongoing difficulties recruiting and retaining enough medical staff.

In 2012 clinicians from NHS organisations across the whole of Sussex began a year-long study of maternity and children’s services to look at the continuing problems.

This resulted in the publication in July 2013 of the Sussex Clinical Case for Change for maternity and paediatrics and the launch in East Sussex of the Better Beginnings review.

The Sussex Clinical Case for Change can be read at our website www.betterbeginnings-nhs.net.

TIMELINE

2003/4
- Problems recruiting staff to maintain safe maternity services.

2007
- Local NHS bodies propose centralising services to a single site.

2008
- Proposals rejected by Secretary of State.

2009
- Local NHS bodies develop a plan for maintaining safe services over two sites.

2010/11
- Improvements made by ESHT but staffing problems continue.

2012
- Sussex clinical review of maternity and paediatrics.

MAY 2013
- ESHT temporarily centralises services on safety grounds.

JULY 2013
- CCGs launch Better Beginnings review following publication of Sussex Clinical Case for Change.

Case study

Tracey Jenner, from St Leonards, gave birth to baby Aiden at Eastbourne midwife-led unit just before 5am on Wednesday 31 July 2013. Aiden weighed 7lbs 7ozs.

Tracey said: “With this being our first baby, I wanted to give birth somewhere that had a homely feel where the experience could be as relaxing as possible. We came to have a look round the unit beforehand and I just felt it would be the perfect place for me to give birth.

“For me, travelling for the birth just wasn’t a problem and I’m so glad that I was able to come here. It has been lovely. I would recommend it to anybody.”

Husband David added: “I would sum up our experience on the unit by saying we’ve felt like guests here, not just a patient and her husband.”
The evidence

The **Sussex Clinical Case for Change** confirmed that consultant-led maternity units in East Sussex were having particular difficulties meeting agreed standards and had major challenges maintaining patient safety and quality of care.

The main problems were:

**Size**

The **Sussex Clinical Case for Change** indicates that consultant-led units with annual birth rates of less than 2,500 faced particular challenges in maintaining safety and quality. Birth rates at both the Conquest Hospital and EDGH were significantly below this. Birth rates in East Sussex are projected to fall over the next ten years.

**Staffing**

There are significant national and local problems in recruiting and retaining obstetric doctors and midwives. Across the UK, many maternity units are struggling to recruit medical staff. This is particularly hard in smaller units, such as ours, as most medical staff wish to work at large busy units where they will increase their skills and assist in more births.

In East Sussex there were particular problems maintaining staffing levels in two consultant-led (obstetric) units.

This has had a major impact on the ability to provide a safe and high quality service. Doctors and midwives in smaller units do not see enough volume and range of births to maintain their skills.

The low number of births at the two smaller consultant-led units in East Sussex made it very difficult to attract trainees. There was widespread use of temporary staff who were not familiar with the way things work in our local hospitals.

4,000-5,000

The optimum number of annual births in East Sussex at a consultant-led unit.

Less than 2,500

The annual birth rate at which units may have challenges maintaining safety and quality.

1,865

Number of births at Conquest Hospital in 2012/13.

1,973

Number of births at EDGH in 2012/13.

**Case Study**

Danielle Ward, from Battle, gave birth to baby Isla at Eastbourne midwife-led unit on Sunday 18 August 2013. Isla is Danielle and husband Rob’s first baby and weighed 7lbs 5ozs.

Danielle said: “I really wanted to be able to use the birthing pool during labour, and I also wanted Rob to be able to stay with me throughout, which was why we went to the midwife-led unit.

“The journey took us half an hour and for me it was worth it for the benefits of the midwife-led unit. The care we had throughout was second to none - just brilliant. The food was nice and it was a big plus to have our own private room after Isla had been born.”

Husband Rob added: “We were treated like royalty. We really couldn’t have asked for better care.”

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**Myth**

East Sussex Healthcare NHS Trust has not tried hard enough to maintain these services.

**Fact**

There has been huge effort and investment to maintain these services over the years, but despite this, the safety of mothers and babies has remained at risk.

**Myth**

This is all about saving money.

**Fact**

Better Beginnings is about improving the safety and quality of services for local women, babies and children and is not financially driven.
The maternity service (at ESHT) and to a lesser extent the paediatrics appears to be fire-fighting on a regular basis. This is neither safe nor sustainable.

– National Clinical Advisory Team, January 2013

### Risks to women and babies

Although ESHT worked hard to maintain safe services, these issues continued to place women and children at risk in several areas:

- **Too many Serious Incidents**: ESHT had significantly more incidents resulting in death or serious harm to women or babies in maternity than any other Sussex hospital trust in 2012/13.
- **Too many Transfers**: ESHT had significantly more women transferred to another hospital out of area during labour than anywhere else in Sussex in 2012/13. Transfers usually occur if the unit does not have enough staff to provide the necessary care for the mother or child or if complications occur which cannot be managed at the hospital.
- **High numbers of Diverts**: The result of a divert is that women who phone to say they are in labour or have a planned admission are asked to go to another consultant-led or midwife-led unit within the same trust. The main reason for this locally was insufficient staffing.

In January 2013 an expert independent body called the National Clinical Advisory Team reviewed East Sussex maternity and paediatric services. The review recommended that consultant-led maternity and in-patient paediatric services should be located on one site for safety reasons.

### Serious Incidents

Serious Incidents are those where the incident has resulted in death or permanent /serious harm to a mother or baby.

<table>
<thead>
<tr>
<th>Serious Incidents</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex Healthcare NHS Trust</td>
<td>17 out of 4091 births</td>
</tr>
<tr>
<td>Brighton and Sussex University Hospitals NHS Trust</td>
<td>5 out of 5761 births</td>
</tr>
<tr>
<td>Western Sussex Hospitals NHS Foundation Trust</td>
<td>4 out of 5624 births</td>
</tr>
<tr>
<td>Surrey and Sussex Healthcare NHS Trust</td>
<td>4 out of 4285 births</td>
</tr>
</tbody>
</table>

### Transfers

<table>
<thead>
<tr>
<th>Transfers</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conquest Hospital, Hastings</td>
<td>12</td>
</tr>
<tr>
<td>Eastbourne DGH</td>
<td>25</td>
</tr>
<tr>
<td>Princess Royal Hospital, Haywards Heath</td>
<td>3</td>
</tr>
<tr>
<td>Royal Sussex County Hospital, Brighton</td>
<td>2</td>
</tr>
<tr>
<td>Worthing Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Surrey and Sussex Healthcare NHS Trust</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Sussex Clinical Case for Change

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### What good maternity services look like *

<table>
<thead>
<tr>
<th>Did we have this in East Sussex prior to May 2013?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All labour wards should have the medical workforce required to ensure safe care for women.</td>
</tr>
<tr>
<td>Units are able to ensure a ratio of one midwife to 30 births for hospital birthing services.</td>
</tr>
<tr>
<td>All women are to be provided with 1:1 care during established labour from a midwife, across all birth settings.</td>
</tr>
<tr>
<td>Women should be given a choice of where to give birth – a consultant-led unit, a midwife-led unit or a home birth.</td>
</tr>
<tr>
<td>Women and their families will be treated as individuals with dignity, kindness and respect.</td>
</tr>
<tr>
<td>There is a threshold of 2,500 births per year, below which consultant-led services should be scrutinised closely due to the additional challenges of maintaining safety and quality.</td>
</tr>
<tr>
<td>The on-call consultant should attend in person in a number of high-risk situations eg: eclampsia, major bleeding and other serious complications.</td>
</tr>
<tr>
<td>Obstetric units should have a dedicated anaesthetist available on call 24 hours a day, 7 days a week to provide anaesthetic relief and assist in complex deliveries.</td>
</tr>
</tbody>
</table>

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* "Sussex Intrapartum Care Standards", July 2013. This can be found at www.betterbeginnings-nhs.net
The lack of senior paediatric doctors is so acute that the safety of treatment cannot be guaranteed at every unit.

— Dr Hilary Cass, Royal College of Paediatrics and Child Health (2011).

Why does the paediatric service need to change?

Whilst the Sussex Clinical Case for Change found that local paediatric services did not have the same degree of safety or quality concerns as maternity, it did highlight a number of challenges to address.

There is a national shortage of children’s doctors, as highlighted in the Facing the Future report published by the Royal College of Paediatrics and Child Health (RCPCH) in 2011. In order to cope with these shortages, the (RCPCH) report says the NHS needs to make radical changes to ensure safety, including reducing the number of hospitals with in-patient children’s wards.

Some of these pressures were beginning to be felt locally with two in-patient units prior to the temporary changes of May 2013. For instance, ESHT was reliant on temporary (locum) staff to maintain safe levels of staffing.

The full Sussex Clinical Case for Change can be read in full at the Better Beginnings website www.betterbeginnings-nhs.net.

In January 2013 an expert independent body called the National Clinical Advisory Team (NCAT) reviewed East Sussex maternity and paediatric services and recommended that in-patient paediatrics should be situated at the same location as consultant-led maternity services.

This is because there are critical links between consultant-led maternity services and paediatrics in respect of the care of sick babies.

Why does emergency gynaecology need to change?

The medical staff who provide emergency gynaecology services are normally the same as those providing consultant-led maternity services. Bringing this service onto the same site as the consultant-led (obstetric) care will increase the amount of time that senior consultants are available on the ward. This increases the safety and quality of services. This change is only for emergency gynaecology. Planned surgery, daycase surgery and outpatient gynaecology services would continue to be provided on both sites.

Dr Salah Mansy:
Consultant paediatrician, East Sussex Healthcare NHS Trust

“The care of the newborn baby and the requirement for some babies to be admitted to the special care baby unit means that neonatal services have to be where the obstetric unit is. As a consequence of this, all the paediatric services need to be under the same roof because the doctors who care for the newborn babies also care for sick children who need to stay overnight in hospital. While some families may have to travel further it will improve the outcome for children and mean better quality care.”

What good paediatric services look like

<table>
<thead>
<tr>
<th>What good paediatric services look like *</th>
<th>Did we have this in East Sussex prior to May 2013?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s clinical services should meet the Royal College of Paediatrics and Child Health (RCPCH) Facing the Future standards (2011).</td>
<td>While ESHT met 9 out of the 10 standards, it could not always ensure a consultant paediatrician was on duty at peak times.</td>
</tr>
<tr>
<td>There are 10 standards mainly concerning the ability of consultants and other paediatric medical staff to respond directly or provide advice.</td>
<td>While ESHT met most standards, there were not always enough children’s nurses to provide cover for shifts across two sites.</td>
</tr>
<tr>
<td>Children’s clinical services should meet the Standards for Children and Young People in Emergency Care, which are designed to improve the outcomes and experience of patients.</td>
<td>The trust was meeting most standards, however surgery was not always carried out by consultant surgeons and anaesthetists. The trust also needed to put in place an annual audit of the transfer of children from the inpatient ward.</td>
</tr>
<tr>
<td>All trusts providing children’s surgery will meet the Royal College of Surgeons of England (2013) Standards. These aim to ensure children can receive surgery in safe, appropriate environments, as close to their homes as possible.</td>
<td>All trusts should meet national standards for the care of children with epilepsy. ESHT met these standards.</td>
</tr>
<tr>
<td>There should be clear protocols in place to support access to hospital care for children with complex care needs who are normally cared for at home.</td>
<td>These were in place at ESHT.</td>
</tr>
<tr>
<td>Clear guidance should be developed and implemented for managing common childhood conditions and for long-term conditions.</td>
<td>Guidance was developed but not implemented in East Sussex.</td>
</tr>
</tbody>
</table>

* “Sussex Intrapartum Care Standards”, July 2013. This can be found at www.betterbeginnings-nhs.net
Since the beginning of the Better Beginnings review we have been speaking with local people, particularly current and recent users of maternity and paediatric services, to understand what local people across East Sussex want, need and expect from these services. Two reports that capture what we learned through focus groups, one-to-one interviews, individual patient case studies and an online survey can be found at www.betterbeginnings-nhs.net.

**What you have told us so far**

<table>
<thead>
<tr>
<th>What you told us</th>
<th>What we’re doing about it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
</tr>
<tr>
<td>Women want a choice of midwife-led or consultant-led care during childbirth.</td>
<td>All our options include a balance of midwife and consultant-led care, enabling choice.</td>
</tr>
<tr>
<td>Many women want a natural birth where possible.</td>
<td>We support natural birth and will continue to offer the choice of a home birth to low risk women as well as midwife-led units.</td>
</tr>
<tr>
<td>Others who would choose a midwife-led birth also want the reassurance of consultant-led care.</td>
<td>Four of our options include consultant-led care on the same site as a midwife-led unit. Arrangements are in place to quickly and safely transfer women and babies to a consultant-led unit where necessary.</td>
</tr>
<tr>
<td>Many women want to give birth at a stand-alone midwife-led unit.</td>
<td>All our options include two midwife-led units, at least one of which will be stand-alone.</td>
</tr>
<tr>
<td>Many women want a midwife-led birthing facility in the north of the county.</td>
<td>Four of the options include a midwife-led unit at Crowborough.</td>
</tr>
<tr>
<td>Women are concerned about traveling to the consultant-led unit and then being advised to go home because their labour is not far enough advanced.</td>
<td>We will ensure that under all of our options, women are able to stay at the hospital where appropriate, reducing the need for repeat journeys.</td>
</tr>
<tr>
<td><strong>Paediatrics</strong></td>
<td></td>
</tr>
<tr>
<td>People want to access paediatric care as close to home as possible.</td>
<td>All the options include short-stay paediatric assessment units (SSPAU) at both Eastbourne and Hastings.</td>
</tr>
<tr>
<td>Parents would prefer to be discharged and take their child home rather than stay in hospital overnight, providing this is safe and appropriate.</td>
<td>We agree and believe that having a SSPAU on both sites will enable more children to go home on the same day unless they are very ill and require an overnight stay.</td>
</tr>
</tbody>
</table>

**Concerns you raised about travel**

- **Maternity**
  - Women are concerned about the prospect of travelling from a midwife-led unit to an obstetric unit during labour or immediately after childbirth.
  - We understand the anxieties that women have about traveling further to access consultant-led care.
  - In a few cases women giving birth in a midwife-led unit may transfer during labour, due to complications or by choice.
  - This is discussed with women and arrangements are in place to quickly and safely transfer women and babies to a consultant-led unit where necessary.
  - Since the temporary changes in May 2013, no women have given birth in an ambulance during transfer. On average women give birth three hours after arrival following transfer.

- **Paediatrics**
  - Parents have told us that they are concerned about how they might manage the challenges of additional travel with an in-patient unit on just one site.
  - It is normal for some children who are very ill to require transfer to an in-patient unit or another hospital out of area for specialist treatment.
  - We want to ensure that children are only admitted as in-patients where necessary, so we are reviewing the opening hours of SSPAUs. This will allow more children to be treated and discharged on the same day.

- **General**
  - Some people were concerned around the perceived risk of additional travel to access consultant-led maternity and in-patient paediatric care.
  - We have been carefully monitoring the safety of women and children using the services. Local and national evidence has shown us that it is safer to provide services on a single site, even if that means that some people will travel further.

We will continue to explore any impact of service changes throughout this consultation. Please use the survey attached to this document to give us your views. You can also complete the survey online at www.betterbeginnings-nhs.net.

> “In average driving conditions, a patient anywhere in East Sussex can reach an obstetric unit within 45 minutes. This journey can be even quicker by ambulance.”

> – South East Coast Ambulance Service, January 2014
What you have told us so far

This section gives a flavour of what people told us during our initial engagement period in 2013.

We asked for suggestions on how we might make changes to services easier for people. We continue to welcome your feedback during consultation.

Among other things, you suggested:

• Have a system where women can be assessed locally to see if labour is sufficiently advanced to travel to the place of birth. This would avoid people being sent back home.
• If it is difficult to recruit staff to a unit with lower birth rates, or in a coastal location, then do something to attract trainees and consultants. Maybe create a fertility clinic or a teaching unit.
• Development of a “staff village” to enable staff to live together – even if this is between the two main sites.
• Ensure staff work across both sites to increase the range of their experience.
• Offer tours of the different birthing units.
• Improve information about different choices of birth. Promote the benefits of natural birth and provide better information on the internet and social media.
• Provide information about what happens in emergency situations. This would relieve anxiety.

How your feedback will continue to influence the design of these services

Choice is great but I spent a lot of my time in and out of hospital. Location is important to me.

— maternity focus group

Jane McFaite: Midwife-led unit matron, East Sussex Healthcare NHS Trust:

“The quality of care and birthing experience offered to women with low risk births is excellent in a midwife-led unit. We are able to provide one-to-one care in labour for women and we know that this level of support reduces women’s need for additional pain relief, interventions in the labour process as well as increasing the rate of normal birth, maternal satisfaction with their birth experience and breastfeeding rates.

“We are trained to give care to women who have low risk pregnancies in their ante-natal, labour and post-natal period.”

MYTH

The consultant-led maternity service cannot cope since the temporary changes. The unit keeps closing and women are being turned away.

FACT

There have been no closures of the consultant-led (obstetric) unit since the temporary changes.

Babies were at risk in the old model and it was unsustainable.

— maternity focus group
We have very closely monitored the impact of the temporary changes and analysed key safety and quality data and patient experiences.

The CCGs’ lead nurse and governing body GPs have regularly visited the hospitals to talk to staff and patients about how the changes have affected them. There have also been reviews by expert national bodies such as the Care Quality Commission, the National Clinical Advisory Team, the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health.

### Maternity

#### What changed?

Consultant-led maternity services were centralised at the Conquest Hospital, Hastings, with midwife-led units at Eastbourne DGH and Crowborough Hospital.

#### What was the impact on safety and quality?

There have been major improvements to safety. Most significantly there has been a sharp decline in Serious Incidents — those causing death or serious harm to patients. Since May 2013 there has been increased consultant presence and more time for training and supervision. Feedback from trainees and consultants has been very positive.

### How things have improved in maternity services

We compared key safety data from the seven months before and seven months after the temporary changes.

<table>
<thead>
<tr>
<th></th>
<th>Before temporary changes *</th>
<th>Since temporary changes #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant hours on labour ward.</td>
<td>Average 56 hours per week</td>
<td>Average 72 hours per week</td>
</tr>
<tr>
<td>Serious Incidents resulting in death or serious harm to maternity patients.</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Babies born before arrival at a maternity unit or before the assistance of a midwife.</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Transfers</td>
<td>Women transferred from one hospital to another during labour. ESHT had significantly more than any other Sussex hospital trust in 2012/13.</td>
<td>10</td>
</tr>
<tr>
<td>Diverts</td>
<td>The result of a divert is that women who phone to say they are in labour or have a planned admission are asked to go to another consultant-led or midwife-led unit within the same trust.</td>
<td>16</td>
</tr>
<tr>
<td>Midwife to birth ratio</td>
<td>Achieving a ratio of one midwife to every 30 births.</td>
<td>1:29 monthly average</td>
</tr>
<tr>
<td>Caesarean-sections</td>
<td>533</td>
<td>473</td>
</tr>
</tbody>
</table>

*October 2012-April 2013. # May 2013-November 2013

Data provided by East Sussex Healthcare NHS Trust
What we have learned from the temporary changes

22 - Public consultation -

- Better Beginnings - Proposals for maternity, in-patient paediatric and emergency gynaecology services in East Sussex 2014

Eastbourne, Hailsham and Seaford CCG | Hastings and Rother CCG | High Weald Lewes Havens CCG - Better Beginnings - 23

What we have learned from the temporary changes

In-patient paediatric services (for sick children needing an overnight stay) were centralised to the Conquest Hospital, Hastings, with a short stay paediatric assessment unit still provided at both hospitals.

What was the impact on safety and quality?

While we did not have safety concerns about paediatric services, changes were made owing to the very close links with maternity, especially in the care of sick babies.

It is important for us to understand any impact this has had on safety and quality and we have been closely monitoring these services.

Since locating the paediatric in-patient unit on a single site, ESHT is no longer reliant on temporary (locum) staff. This has resulted in improved quality of service.

The Care Quality Commission conducted a review of safety and quality in the paediatric service since the changes, and found East Sussex Healthcare NHS Trust was meeting all the required essential standards inspected.

We are confident that the single-siting of in-patient paediatrics has had no negative impact on the safety and quality of services.

There has been a big increase in babies being born before arriving at the hospital since the temporary changes in May 2013.

There has been no change in the number of babies being born before arrival in this time and no babies have been born in ambulances.

Case study

Sarah Blake gave birth to her son at Crowborough midwife-led unit in 2010. She said: “I’ve always heard such good things about the midwife-led unit and, as a first time mother, I wanted that home-from-home experience to help me to relax.

“All through my pregnancy, labour and birth, the staff were incredible - from my regular appointments with my midwife to the lady who brought me the most amazing toast I’ve ever tasted! I had a wonderful experience and Crowborough midwife-led unit is a wonderful place, I can’t wait to go back one day.”

“I went into labour four weeks early in May 2013. Baby wasn’t due until the end of May and because I’m classed as high-risk, I knew I’d have to travel from home in Eastbourne to the Conquest to have her. To begin with I was really upset and worried about what it would be like, but the staff and facilities here are amazing and I’m so pleased I had my baby here.

“It took us about half an hour to get here which was fine. I had a lovely room to give birth in and it all felt so clean and spacious, I was worried that with all the changes they might not be ready for me, but I felt safe as soon as I walked in the door.

“I’ve got friends who are pregnant and I know they’re worried about having to travel to give birth, but I can reassure them that they really have nothing to worry about. The staff here have been fantastic and couldn’t have looked after me and my baby any better.”

Case study

The restoration of two in-patient units (at ESHT) is neither appropriate nor sustainable.

– Royal College of Paediatrics and Child Health, 2013

Paediatrics

What changed?

The restoration of two in-patient units (at ESHT) is neither appropriate nor sustainable.

– Royal College of Paediatrics and Child Health, 2013
How we arrived at the options

We agreed the standards
The standards, known as models of care, were tested widely with all GPs across East Sussex, with hospital doctors and with other clinicians from surrounding areas in Sussex.

We created a long list of potential options
We worked out every possible option that the group should consider. The full list can be found at our website www.betterbeginnings-nhs.net.

We compared the list of options to the models of care
The working group took out several options that they agreed would not meet the models of care (for example, if women would have no choice of where to give birth, or if there would be no paediatric service in East Sussex).

We spoke to other smaller units across the country and looked at national and local evidence
We had access to a wealth of evidence including population data and information about the safety and quality of local services both before and after the temporary changes.

We asked local people and clinicians for input
We carried out extensive public and clinical engagement to raise awareness and seek views on the Sussex Clinical Case for Change (see from page 8), and to better understand the challenges and opportunities that each option may bring. Full reports outlining what you told us can be found on our website www.betterbeginning-nhs.net.
What we have learned from the process so far

**We believe:**

- That East Sussex currently needs an in-patient paediatric unit within the county.
- That women in East Sussex should have the choice of whether the birth of their babies was supported by midwife-led or consultant-led (obstetric) care.
- That East Sussex should have an additional midwife-led unit (prior to the temporary changes, there was only one midwife-led unit in East Sussex).
- That we should continue to commission a short stay paediatric assessment unit at both Eastbourne and Hastings and that we should review their opening hours.
- That we should increase the number of hours that consultants are present on the labour ward.
- That we cannot offer safe and sustainable services across two consultant-led maternity and in-patient paediatric sites.

**What is not changing?**

*Whilst the purpose of this document is to consult with you about the changes that we are proposing to maternity, in-patient paediatric and emergency gynaecology services, much of these services will not change and will continue to be provided at both of the main hospital sites. These include: maternity day assessment unit; antenatal clinics; ultrasound; early pregnancy unit; paediatric outpatients; gynaecology outpatients; paediatric day surgery; gynaecology day surgery. Community services (including health visitors and home births) will continue.*

**What do you think?**

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Why can we not have consultant-led maternity services at both Eastbourne and Hastings?

We knew that before the temporary changes it was becoming difficult to consistently maintain safe services across two sites (as explained from page 8).

We spoke to other smaller units across England, looking for innovative practice that we could use in East Sussex. We did not find a way that would help us improve services so that they could be safely run at both Eastbourne and Hastings. Many smaller units were experiencing similar difficulties in staffing consultant-led units. Several units were either going through, or about to go through, a review like this one. This tied in with national evidence, which shows that there are fewer and fewer smaller units, as larger units tend to be safer for women and babies.

We know that there have been major improvements to safety in East Sussex following the temporary changes (as explained on page 20).

Because of all these reasons we believe it would be unsafe to run consultant-led services on both sites, and the safety of patients is not something that we are prepared to risk.

To test this, we took the evidence to two different clinical groups which included clinicians from outside of East Sussex and discussed our findings with them. They supported the findings.

Their reports can be found as appendices to our Pre-Consultation Business Case, which can be downloaded at www.betterbeginnings-nhs.uk.

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**What do you think?**

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Why do in-patient paediatrics need to be on the same site as consultant-led maternity?

The clinical working group very carefully considered whether in-patient paediatrics could be safely maintained at both hospital sites in the future. The Royal College of Paediatrics and Child Health (RCPCH) have stated that there are “too many small (paediatric) units and not enough specialist centres” in the U.K. The RCPCH is warning that unless a radically different model of care is developed, there will be serious safety risks to children and the system will be unable to meet demand.

In a review of the temporary changes at ESHT carried out in August 2013, the RCPCH recommended “the restoration of two in-patient units was neither appropriate nor sustainable”. There are clinical links between obstetrics, paediatrics and the special care baby unit (SCBU) and to provide the best care for babies they all need to be located together.

Why does emergency gynaecology need to be on the same site as consultant-led maternity?

The medical staff who provide obstetric care are normally the same staff who provide gynaecology care, so for the same reasons that we propose centralising obstetric services on one site, we propose to centralise emergency gynaecology on the same site. This is so we can provide the safest and best quality of emergency gynaecology services for local women. Planned surgery and outpatient appointments would still continue on both sites.

---

**MYTH**

You are attempting to downgrade my local hospital.

**FACT**

We want two vibrant hospital sites in our two major towns and there is no hidden agenda to downgrade either site. Better Beginnings is about improving the maternity and paediatric services we provide in East Sussex and improving the safety and quality of care for women, babies and children.
The options

### OPTION 1

<table>
<thead>
<tr>
<th>Eastbourne DGH</th>
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<th>Crowborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife-led unit</td>
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<td>Midwife-led unit</td>
</tr>
<tr>
<td>Consultant-led maternity service (obstetrics)</td>
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<tr>
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</table>

### Summary of options 1 and 2

- These options provide birthing services on two of the three current sites.
- These would provide a consultant-led maternity service in either Eastbourne or Hastings, with no birthing service at the other main hospital site.
- There would be a midwife-led unit on the same site as the obstetric service. Women who choose to give birth at this midwife-led unit would have rapid access to obstetric care, should they require it.
- A midwife-led unit would continue to be provided at Crowborough.
- In-patient paediatrics would be provided on the same site as the obstetric care.
- There would be a short stay paediatric assessment unit at both Eastbourne and Hastings.
- Emergency gynaecology would be provided on the same site as obstetric care.

### OPTION 3

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### Summary of options 3 and 4

- These options provide birthing services on two of the three current sites.
- These options would provide a consultant-led maternity service in either Eastbourne or Hastings, with a midwife-led service at the other main hospital site.
- There would be a midwife-led unit on the same site as the obstetric service. Women who choose to give birth at this midwife-led unit would have rapid access to obstetric care, should they require it.
- There would be no maternity services at Crowborough.
- In-patient paediatrics would be provided on the same site as the obstetric care.
- There would be a short stay paediatric assessment unit at both Eastbourne and Hastings.
- Emergency gynaecology would be provided on the same site as obstetric care.
The options

**OPTION 5**

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<tr>
<td>• Level 1 special care baby unit (SCBU)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Short stay paediatric assessment unit (SSPAU)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPTION 6**

<table>
<thead>
<tr>
<th>Eastbourne DGH</th>
<th>Conquest Hastings</th>
<th>Crowborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Midwife-led unit</td>
<td>• Consultant-led maternity service (obstetrics)</td>
<td>• Midwife-led unit</td>
</tr>
<tr>
<td>• Short stay paediatric assessment unit (SSPAU)</td>
<td>• Emergency gynaecology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In-patient paediatrics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Level 1 special care baby unit (SCBU)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Short stay paediatric assessment unit (SSPAU)</td>
<td></td>
</tr>
</tbody>
</table>

**Summary of options 5 and 6**

- These options provide birthing services on all three current sites.
- These options would provide a consultant-led maternity service in either Eastbourne or Hastings, with a midwife-led service at the other main hospital site.
- The site providing obstetric services would not also have a midwife-led unit.
- A midwife-led unit would continue to be provided at Crowborough.
- In-patient paediatrics would be provided on the same site as the obstetric care.
- There would be a short stay paediatric assessment unit at both Eastbourne and Hastings.
- Emergency gynaecology would be provided on the same site as obstetric care.

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**How maternity services will look**

**Pregnant woman**

**Community midwife appointment**

At this appointment your history, risk factors and general health will be assessed to see if you are at risk of complications. Risk assessments continue throughout pregnancy until after the baby is born.

**Low risk**

You can choose from:

- Home birth
- Midwife-led unit

**High risk**

During labour or after childbirth women can be transferred to a consultant-led unit for additional support if necessary.
How paediatric services will look

Child is ill

Contacts
GP or 111

Attends
A&E

Child is assessed and next step agreed

In hours
Child is seen at short stay paediatric assessment unit

Investigation, observation and diagnosis

Child is treated

Child goes home

Out of hours
Child is taken to in-patient unit if in need of overnight care or in an out-of-hours emergency

Investigation, observation and diagnosis

Child is treated

Child is discharged, allowed home overnight or transferred to in-patient unit if they require overnight treatment

How emergency gynaecology services will look

Woman is ill

Contacts
GP or 111

Attends
A&E

Non Emergency

Advice/treatment can be given on the spot, at home or in the community.

(Available across East Sussex)

Hospital treatment or surgery is required, but not urgently. Appointment made and patient treated.

(Available on 2 sites in East Sussex)

Emergency

Patient is automatically transferred by ambulance to hospital providing 24/7 emergency gynaecology service, unless already attending that site.

Hospital treatment or surgery is urgently required. Patient is admitted and treated.

(Available on 1 site in East Sussex)
What happens next?

After the consultation has closed on 8 April 2014, an independent third party will analyse all the responses and publish a final report which we will consider as one of the pieces of information when making a final decision. They will also review the effectiveness of the consultation process.

How will the options be assessed?

Each of the options will be assessed and scored against five weighted criteria (as outlined in the table below). This is called an options appraisal.

The options appraisal ensures that we take all relevant information into account when thinking about the best way of delivering services. In this document and in the Pre-Consultation Business Case (which can be found at our website www.betterbeginnings-nhs.uk) we have extensively outlined the information we have in relation to these criteria.

More information on how the options will be assessed and scored can be found on our website www.betterbeginnings-nhs.net or contact 01273 403563.

**Weighting**

A weighting is a way of measuring the importance of the criteria. For example, we know that access is important but that quality and safety is paramount. We also know that finance is a key consideration, but not the most important factor.

The options appraisal criteria and their weightings have been informed by what patients, the public and clinicians have told us is important. We will publicly share more information on finance and deliverability as it becomes available during the consultation.

**Equality**

We have a duty to comply with equalities legislation as well as duties to reduce health inequality and promote integrated health services where this will improve quality.

These have all been taken into account in the development of the proposed options. We have also undertaken an equality analysis (EA) to help us understand any potential impacts on particular communities as a result of these proposals. The EA can be found on our website www.betterbeginnings-nhs.net. This will be updated once the consultation has closed and used as one of the pieces of information to inform our decision. Information from public health about the needs of our local populations will also be used to support this. You can find out more about these needs at www.eastsussexjsna.org.uk.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weighting</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Safety</td>
<td>25%</td>
<td>Would this option provide care that is safe, effective and focused on high-quality patient experience? Would it meet national and locally agreed quality standards and best practice guidance?</td>
</tr>
<tr>
<td>Clinical Sustainability</td>
<td>25%</td>
<td>Will this way of delivering the service continue to meet national and local clinical standards on a long-term basis? Can we recruit and retain enough staff to operate this option?</td>
</tr>
<tr>
<td>Access and Choice</td>
<td>20%</td>
<td>Does this option meet the needs of local people? Do people have a choice of services? Are these services accessible? Can pregnant women access all maternity services - homebirth, delivery in a midwife-led unit or a consultant-led-obstetric unit? Is there access to all paediatric services?</td>
</tr>
<tr>
<td>Financial Sustainability</td>
<td>15%</td>
<td>Can we afford to deliver this option on a long-term basis and does it make best use of the available resources?</td>
</tr>
<tr>
<td>Deliverability</td>
<td>15%</td>
<td>Can we realistically achieve this option? How much will it cost? Can we do it on time? What impact will it have on other local services?</td>
</tr>
</tbody>
</table>

For more information and to complete our online survey, visit www.betterbeginnings-nhs.net - Better Beginnings - 37
Financial Sustainability

Whilst our prime consideration is improving the safety and quality of these services, we will also need to consider the cost of implementing and sustaining each of these options as part of the consultation process.

The total value of the contract for all services the three CCGs have with East Sussex Healthcare NHS Trust is £250.4 million for 2013/14.

In 2013/14 we expect to spend £13.3 million on obstetrics and midwifery, £6.3m on gynaecology and £7.4 million on paediatrics.

The cost of services covered by these proposals reduces to £19.6m because planned obstetrics and midwifery, £6.3m on gynaecology and £7.4 million on paediatrics.

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These costs are determined by our expected activity and the national and local tariffs.

In addition we are paying the trust £2.6 million in 2013/14 to cover the costs of having to potentially revert to a two site consultant-led maternity service during the period of the temporary reconfiguration.

During consultation the trust will provide costings for both revenue and capital to enable the CCGs to assess the level of resource needed to sustain each option and best meet assumptions about resources, tariffs and activity. Once this is received, we will make this information publicly available during the consultation.

Financial breakdown

<table>
<thead>
<tr>
<th>Service</th>
<th>2013/14 Forecast Expenditure by CCG (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EHS</td>
</tr>
<tr>
<td>Obstetrics and Midwifery</td>
<td>2.8</td>
</tr>
<tr>
<td>Other Obstetrics and Midwifery</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>6.0</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>0.4</td>
</tr>
<tr>
<td>Emergency In-patients</td>
<td>0.4</td>
</tr>
<tr>
<td>Total</td>
<td>0.4</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>2.5</td>
</tr>
<tr>
<td>Emergency &amp; Elective In-patients</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>2.5</td>
</tr>
<tr>
<td>All Services</td>
<td>8.9</td>
</tr>
</tbody>
</table>

EHS - Eastbourne, Hailsham and Seaford
H&R - Hastings and Rother
HWLH - High Weald Lewes Havens

Have your say

This consultation is your chance to have a say on the future of these services. We want as many people as possible to respond, and everyone’s view will be considered. All responses must be received no later than 8 April 2014. What is important to you? Is there anything else you think we should have considered? You can help us get these decisions right.

There are a number of ways you can find out more and respond to our consultation.

Online

The Better Beginnings website includes all the information in this document plus all other evidence referred to. The site will be regularly updated with the latest Better Beginnings news and details of events. You can ask questions and complete our online questionnaire:

www.betterbeginnings-nhs.net

Social media

Follow us on Twitter @BetterBeginsES or Facebook www.facebook.com/betterbeginningseastsussex

Events

We will be holding lots of events across the county which are open to everyone and will give you the chance to talk to clinicians and others about the proposals and give your views.

Details of these events will be on our website and will be publicised in the local press. Posters advertising them will also be displayed in the local area.

@ By email

You can send your comments to:
hrccg.betterbeginnings@nhs.net

How and when will the decision be made?

The CCGs will make a final decision this summer (2014). The decision will be based on:

• An appraisal of the options
• The needs of the population for each CCG area and for East Sussex as a whole
• The independent report on the consultation
• A report on the consultation produced by the East Sussex County Council’s Health Overview and Scrutiny Committee (HOSC). More information about the role of HOSC can be found www.eastsussex.gov.uk
• The equality analysis

The CCGs will meet in public to make their decisions and each CCG will separately record the decisions they have made. The outcome from the options appraisal and the information mentioned above will be published.

You can phone the consultation team on 01273 403563.
If you would like further copies of this consultation document, or any other information, please call 01273 403563 or email hrccg.betterbeginnings@nhs.net.