

## Midwifery Service to Isles of Scilly

**Date:** 15-02-16

**Title:** Report to Ruth Wellings, Programme Manager, Maternity and Children's Services, NHS Kernow  
Jan Walters, Divisional Nurse/Head of Midwifery, Royal Cornwall Hospital Trust

**Report of:** Healthwatch Isles of Scilly

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The purpose of this report is to submit our long standing concerns regarding a sustainable model of provision for the Isles of Scilly and to request a review of arrangements for island midwifery.

### Background

Royal Cornwall Hospital Trust provides maternity and midwifery services for Cornwall and the Isles of Scilly.

For many years, midwifery cover on the Isles of Scilly has been provided by a part time post, reflecting the average on-island birth rate. The midwife provides antenatal care, although women travel to Cornwall for antenatal scans. The resident midwife is on call when a woman is 37 weeks pregnant or over. At other times, telephone on call support is provided from Cornwall.

The GP Practice on St Marys provides second on-call, which in practice means neonatal life support or maternal collapse. We understand that the primary care contract carries a qualifier regarding obstetric support and GPs have not routinely undertaken obstetric training or practice.

There is a dedicated birthing unit sited at St Marys Hospital and home birth is supported on St Marys. Off island residents are advised to travel to St Marys for delivery for reasons of safety.

Women may elect to give birth at a mainland birth centre or the consultant-led unit at Treliske, or may be transferred to consultant -led obstetric care when necessary.

### Community feedback

Feedback to Link4Scilly (2010-2012) and Healthwatch IOS (since 2013) indicates concern about these arrangements. This includes reported incidence of lack of local knowledge compromising support from the mainland on call service; no resident midwife on call in the event of complications before 37 weeks, or premature labour; concerns about capacity of primary care and emergency services to assist when there is no local midwife on call; and a worry about support for women in premature labour while awaiting evacuation to Treliske, and emergency transfer while in labour.

When the resident midwife retired in May 2014 we received a number of comments indicating that people were very worried about the future of the service. The period of interim cover extended to a year, which increased these concerns.

Cover was maintained by rostering midwives from elsewhere and during this period there were some very positive comments regarding care and an appreciation of RCHT's commitment to the islands. We also received comments about lack of continuity; lack of local knowledge affecting the quality of advice; and inconsistency in advice.

RCHT have been responsive in meeting these concerns, within the current model of provision. There were few negative comments about the quality of care and no suggestion, in our monitoring of provision, that the service as provided was unsafe. However, people tell us that they see a potential for unsafe situations and incidents due to limited local cover.

Issues raised by Link4Scilly/Healthwatch

We have discussed a number of matters with RCHT and elsewhere, and provide a brief summary below.

In addition, RCHT and NHS Kernow have engaged with us concerning advice against off island home births; arrangements for interim cover; and arrangements for a midwife escort on emergency transfers.

2010

- We acted on concerns brought to us by the then senior GP and queried the level of on-island midwifery cover provided by the part-time post.
- We raised a concern about support for women in premature labour while awaiting evacuation to Treliske.

2013

We corresponded with services regarding:

- choice of practitioner and unavailability of a travel warrant to support this;
- arrangements at St Marys Hospital, on discharge from the midwife's care, post birth;
- accommodation costs for women required to travel ahead of planned delivery on the mainland.

2014

- February: positive comments about midwifery service in the Healthwatch Community Survey; forwarded to RCHT, copy of report to NHS Kernow.
- April: feedback received following news that the on-island midwife was to retire; forwarded to RCHT and NHS Kernow.
- May onwards: kept informed by RCHT regarding interim cover arrangements and progress regarding recruitment; brokered contact between RCHT and Duchy of Cornwall regarding accommodation for the new post-holder.
- October: referred the issue to the IOS Health Overview and Scrutiny Committee, outlining our concerns about barriers to recruitment and sustainability of interim arrangements; copied to RCHT and NHS Kernow.

2015

- April: raised query with RCHT about a proposed break in on-island cover, despite women being near term, due to pressures on staffing.
- May: mixed ratings and feedback regarding the midwifery service in Healthwatch Community Survey.
- May: new resident midwife took up post.
- June: made a recommendation to IOS Health and Wellbeing Board which was accepted, that the Health and Wellbeing Board take up the matter with regard to commissioning arrangements and service design.
- September: forwarded community survey feedback and draft summary report to RCHT.
- October: forwarded final Community Survey Report to RCHT, NHS Kernow and NHS England.
- December: included known issues in response to DCIOS Quality Surveillance Group Maternity Services Thematic Review.

2016

January:

- included known issues in routine report to DCIOS Quality Surveillance Group;
- notified IOS Health and Wellbeing Board of continuing concerns and our intention to make a report to RCHT and NHS Kernow to request a review;
- the midwife in post made public that she has tendered her resignation.

Summary of our concerns

**We suggest that the current model of provision is inherently problematic and difficult to sustain.**

**We recommend a joint review, involving all stakeholders, of the model of midwifery provision on the Isles of Scilly, which addresses community and stakeholder concerns.**

Please can NHS Kernow and RCHT respond to the following questions:

1. Is the current model responsive to fluctuations/peaks in birth rates? How are contracted hours and work load balanced?
2. Does the current model have an impact on choice:
  - of practitioner?
  - of how and where to deliver? (If more than one woman is due at the same time, only one may be attended on-island.)
3. The single practitioner model requires a second midwife to travel to the islands to accompany a woman during emergency evacuation; does this build in a delay?
4. There is the potential for no on-island midwifery support in the event of complications below 37 weeks/premature labour. Is there sufficient capacity/skill in the primary and emergency teams on-island, to provide obstetric support?
5. If it is not possible to safely transfer a woman in labour or a woman and baby, what facilities and support are in place at St Marys Hospital?
6. Is the single practitioner model vulnerable to unplanned absence (e.g. sick leave) and need for emergency cover?
7. Does the single practitioner model increase the likelihood of a woman transferring to the mainland if her labour exceeds 18 hours?
8. In our view, the period following the retirement of the resident midwife in May 2014 demonstrated that there were both barriers to recruitment and difficulties inherent in maintaining interim cover arrangements:
  - Recruitment: the need for a very experienced practitioner; professional isolation; on call arrangements; accommodation.
  - Cover: as above, plus contractual agreements with staff; pressure on staffing elsewhere; transport/accommodation; continuity of practitioner (a named midwife).
  - a) Can RCHT overcome these barriers and difficulties in the forthcoming period of recruitment and interim cover, under the current model of provision?
  - b) Will RCHT again procure accommodation for a new midwife in order to aid recruitment?

We look forward to your response.

Please note that matters raised by local Healthwatch require a response within 30 working days, when more than one agency is involved.

Please reply to:

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