Focused conversations to hear people’s views about maternity and paediatric services in East Kent

October - December 2018
In November 2018, Engage was commissioned to undertake focused conversations with parents about the potential changes to maternity and paediatric services in East Kent as part of the emerging transformation plan for East Kent.

The purpose of these conversations was to gather views, thoughts and insights from the public to support the continued development of the plans for health and social care in East Kent and to inform the option development work.

A total of 33 people were involved, face to face, through these targeted conversations.

**Methodology**

These conversations were designed to reach parents with young children living in each of the four east Kent CCG areas.

We visited four Children’s Centres across East Kent talking with a range of parents.

The visits took the format of a conversation, using the focused conversation method developed by the Institute of Cultural Affairs (ICA). This format allows people to explore things on a rational and emotional level. It is similar to a focus group in that it works with small groups of people, is a facilitated process and is built around a set of predesigned questions prompts. (Appendix 1)

We engaged groups of parents in general discussion about the emerging ideas and concepts around transforming health and social care in east Kent and two current options being developed. The discussion was structure by a number of open questions.

During the conversations people also shared recent experiences of using maternity and paediatric services. This feedback has been recorded separately and can be seen in Appendix 2.

We visited four groups, one in each CCG area:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>No of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folkestone</td>
<td>December 4th &amp; 7th</td>
<td>9 parents</td>
</tr>
<tr>
<td>Canterbury</td>
<td>December 11th</td>
<td>6 parents</td>
</tr>
<tr>
<td>Holfield (near Ashford)</td>
<td>December 14th</td>
<td>8 parents</td>
</tr>
<tr>
<td>Ramsgate</td>
<td>December 14th</td>
<td>10 parents</td>
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Findings

We have grouped peoples’ comments and responses to each question, into common themes and ranked them in order of the number of times these themes were mentioned.

What details or facts struck you about the current situation and the proposed options?

This is news to me
- All bar one parent hadn’t heard about the potential changes to maternity or paediatric services
- A couple of parents had heard about ‘A&E closures’ on the news
- Every parent knew that maternity services were not currently available to Canterbury

I appreciate the maternity service is under pressure
- ‘Some staff are excellent but they are under so much pressure’
- ‘William Harvey is so hectic and busy these days’
- ‘I hold onto my daughter’s epilepsy medicine because they are so busy, I can’t be sure they will give it to her on time’
- ‘The labour ward at QEOM was really hectic and I didn’t get much support’
- ‘Staff were amazing at William Harvey but staffing levels were an issue’

What’s your reaction to proposed changes?

Travel times - 100% of parents raised this issue
- ‘I birth really quickly, so I would worry the baby would come in the car’
- ‘It’s a long way to go. It’s too far’
- ‘It would take 40 mins to get to Canterbury’
- ‘It would be great to be able to have a baby closer to home’
- ‘I would be nervous about travelling so far to Canterbury’
- ‘It would be good to go to Canterbury to give birth but Ashford isn’t that far really’
- ‘I had to be blue lighted to William Harvey from Canterbury and it was quite quick’
- ‘What if the baby was coming fast? Would I have time to get to Canterbury?’
- ‘What about getting home for my other children?’

Cost of travel

The majority of parents we spoke to didn’t have their own transport.
- ‘I had to get a taxi for my appointments and labour’
- ‘The cost of a taxi to Canterbury would be a worry’
- ‘Getting a taxi would be expensive’

What is not covered in the options?

Public transport
• ‘QEOM is easy to access by public transport but Canterbury isn’t’
• ‘Would the bus service to Canterbury Hospital be improved?’
• ‘How would I get to a 7am appointment at Canterbury by public transport? I had to be at QEOM at 7am for my induction – I couldn’t have done that if it was at Canterbury’
• ‘Are there plans for better bus routes to the hospitals?’
• ‘How would I get to hospital that far away by public transport?’
• ‘The bus goes right into William Harvey. It’s much harder to get to Canterbury Hospital by bus’

Capacity

• ‘Would Canterbury really cope with all these births?’
• ‘I took the last bed at QEOM. The ward was full, and Mums were being sent to Ashford. Would Canterbury really be able to cope. That’s a lot of babies!’
• ‘It would be very noisy and busy with all those babies in one place’
• ‘I wouldn’t want them to change services if the quality and capacity isn’t going to improve’

Midwife Units

• ‘Midwife units would be very far away from a consultant if something went wrong’
• ‘The midwife ward at WHH was amazing. So quiet and relaxed. I would definitely go there again if I could’
• ‘It was reassuring to know that the consultants were just upstairs’
• ‘Midwife units would be brilliant but if something goes wrong you could be 40 mins away rather than just upstairs’

Children’s Outpatients

• ‘Would the children’s outpatients be improved?’
• ‘I had to travel to Margate from Folkestone for outpatients. I had just had a Caesarean and couldn’t drive. It was a real mission to get there’
• ‘If all the consultants are at Canterbury delivering babies, how would outpatients work? It takes 5 hours to see a consultant currently at QEOM as they are so busy with births. I got into a room with a consultant after waiting 5 hours and he had to rush of to look after an emergency birth’
• ‘Would there really be enough consultants to staff the labour ward and outpatients?’

Are these ideas based on sound reasons for change?

All parents focused on the changes rather than the reasons for the change. No-one questioned why services needed to change

‘I understand that stroke and major trauma needs to be centralised but maternity and paediatrics needs to be more local’
What parts of these ideas do you think are good?

Quality of treatment

- ‘A better service would be good’
- ‘The facilities and treatment would probably be better but the practicalities would make it much harder’
- ‘If it would improve the quality of the hospital’
- ‘If it’s bigger and better that could be good’

Geographical locations

- ‘Being closer to home would be important’
- ‘Being nearer to an A&E and paediatrics would make me feel more confident’

What parts don’t you agree with? Why?

Geographical locations

- ‘I would worry about being further away from an A&E and paediatrics’
- ‘I would need to be closer to home for my other children’
- ‘Closer to home has got to be better when you are giving birth’
- ‘I had weekly appointments during my pregnancy. That would have been very difficult if I had to travel to Canterbury each week’
- ‘It would be scary to think you might have to go in an ambulance to Canterbury if something went wrong’

What are the advantages and disadvantages of the changes?

The advantages and disadvantages depended on where people lived. Those from Canterbury thought the option to have maternity at Kent & Canterbury hospital was a huge advantage but those from the other areas were not comfortable with the potential distance.

At the end of the day, you just have to go where you will be treated

- ‘You can’t please everyone’
- ‘People in other areas would feel how we are feeling now’
- ‘You would go wherever you are told to go. We went to London for paediatric treatment without even thinking about it because we were told that would be best for our baby’

Impact on ambulance

- ‘Will people ring ambulances more because they can’t get to hospital easily?’
- ‘What will the impact on ambulances be for everyone else?’
‘I wouldn’t want to call an ambulance if I was in labour but maybe I would have to. I couldn’t get the bus!’
‘I would probably have to ring an ambulance to get to hospital as it’s too far’

What new questions have emerged for you?

Midwife Units

‘Why did you close the midwife unit at Buckland Hospital? That was very popular and a great service’

Impact on families

‘Have they thought about the impact on families if the Mother is further away from her family?’
‘It was important for our family that I was close by when I ended up in ICU after both births’

Road networks

‘The road to Canterbury from The Marsh (Stone Street) would need to be updated. Is that part of the plan? It would be difficult to travel that way in the dark and in the winter’
‘The road networks around Kent & Canterbury hospital can’t cope at the moment. Trying to get an ambulance to there on blue lights is really hard.’

Staffing

‘Would you loose great staff by moving services to Canterbury?’
Appendix 1

**Focused conversation template**

**Objective questions:**
- What details or facts struck you about the current situation and the proposed options?
- What’s your reaction to proposed?
- What is not covered in the options?

**Reflective questions:**
- Are these ideas based on sound reasons for change?
- What parts of these ideas do you think are good?
- What parts don’t you agree with? Why?

**Interpretive questions:**
- What are the advantages of the changes?
- What are the disadvantages?
- What new questions have emerged for you?
APPENDIX 2

Feedback about the existing maternity and paediatric services

- ‘QEQM was absolutely amazing’
- ‘I couldn’t fault anyone I met that day’
- ‘They were so helpful and supportive’
- ‘I had very good treatment at QEQM’
- ‘My third birth wasn’t as good an experience at WHH as previously’
- ‘The midwife left me just as the baby was coming out’
- ‘I wish I had given my feedback about my birth. It could have been better. I wasn’t encouraged to give feedback’
- ‘Staff didn’t share information about me during their shift change. I heard a lot of ‘I don’t knows’ during my labour’
- ‘The labour ward at QEQM wasn’t that great. It was really hectic and I didn’t get much support. My birth was quite traumatic’
- ‘I was at Padua ward for 5 days before we had the scan we needed – why couldn’t we have had it on the first day?’
- ‘I had to go to William Harvey after my baby was referred by the GP. We waited for 5 hours and there was no proper area for a baby and child. Then the Dr was unavailable so I had to return home’
- ‘Children’s Outpatients made me feel like I had wasted their time, even though it was the GP who referred me’