



Anglia Ruskin  
University

Postgraduate Medical Institute

## Right Start

Proposal for the future of maternity  
service in North East Essex

## Independent Review

Commissioned by North East Essex Clinical  
Commissioning Group

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## Executive Summary

As a result of the growing demand for maternity services in North East Essex, the Clinical Commissioning Group and Colchester Hospital University NHS Foundation Trust conducted a consultation exercise in October of 2014 to provide both the public and healthcare workers the opportunity to influence decision making process on the future of maternity services in the region. A consultation document was produced and members of the public were given the opportunity to provide feedback via a paper or online survey. Healthcare workers and other interested parties provided feedback in the form of narrative responses (i.e. letter and e-mails).

The consultation document offered two options for the future provision of services; option 1 offered an on-demand service run at the coastal midwife led units (MLUs) at Clacton and Harwich; option 2 offered a 24/7 service at the coastal MLUs. In addition to the choice of options, respondents were asked a series of questions to help identify the key factors in the decision making process.

In total 233 people completed the survey (either online or on paper), and 16 narrative responses were received. The narrative responses came from charities, the local council, midwives (including a letter from the Royal College of Midwives), hospital consultants, GPs and unions/staff side representatives. The consultation data was passed to Anglia Ruskin University, who had been commissioned to provide an independent analysis.

The majority of respondents were female, local to Clacton, Colchester or Harwich, and aged between 18 and 44 years, so were a good representation of those who would use the service.

Of those who responded to the survey, 59% supported option 2, 30% supported option 1 (the remainder did not express a preference). Of the 16 narrative responses, three supported option 1, seven supported option 2 and the remaining six responses did not offer a preference. However, there was clear duplication in the narrative responses so these results should be treated with caution.

Both the survey and narrative responses highlighted patient safety, choice and experiences as the key factors that should be taken into account when making the decision about the future of the services. Respondents also identified economics (including value for money) as a key factor, however, some respondents also felt that it should not be taken into consideration during the decision making process.

Survey data showed that the majority of respondents' existing children had been born at the consultant led unit at Colchester, but future planned births

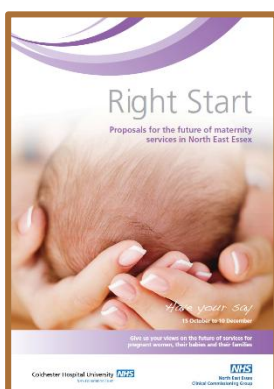


showed a shift towards the MLUs at Colchester, Clacton and Harwich. However, this may be influenced by the outcome of the consultation decision.

## Section 1: Introduction

### 1.1 Right Start Consultation

Significant growth in local demand for maternity services over the past decade, coupled with the prospect of continued growth over the coming years, has led to the need for a review of the way maternity services are delivered in North East Essex. Currently, maternity services are delivered by a combination of consultant and midwife led units at Colchester General Hospital, midwife led birthing units at Harwich and Clacton, home births, alongside antenatal and postnatal services run at each site.



As a result of the increasing pressure on the system, North East Essex Clinical Commissioning Group and Colchester Hospital University NHS Foundation Trust conducted a formal consultation to engage both the public and those involved in delivering maternity services, in deciding how services will be run in the future.

The consultation document, called “Right Start – Proposals for the future of maternity services in North East Essex” outlined two proposed options for people to comment on. The two options are summarised in Figures 1. Participants could provide feedback to the consultation by completing either a paper or online version of the questionnaire. Healthcare workers also provided feedback by sending e-mails or letters outlining their views. Alongside commenting on the proposed options, people were also given the opportunity to comment on the methodology that should be used in evaluating the responses to the consultation, identifying the factors that they felt should be given the highest priority in the decision making process. Demographic information was also collected where participants were willing to provide it.

**Figure 1.** Consultation options outlined in the Right Start document.

**Option 1:** Clacton and Harwich to remain as “on-demand” Maternity Led Units (MLUs). Antenatal and Postnatal Care to continue

**Option 2:** Clacton and Harwich to return to the status of MLUs-open 24/7. Antenatal and Postnatal Care to continue

The consultation lasted for a period of 56 days from October to December of 2014. In total, 249 responses were received during the consultation period, the majority coming via the online questionnaire.

### 1.2 Anglia Ruskin University (ARU) Involvement

The Faculty of Medical Science at ARU was approached by North East Essex Clinical Commissioning Group (CCG) to conduct an independent evaluation of the consultation data. The CCG provided ARU with a copy of the Right Start consultation document, a collated spreadsheet of all survey responses (both paper and electronic) and copies of all narrative responses to the consultation

proposal. At no point have the CCG, or any other party, had access to ARUs analysis of the consultation responses, or had any influence into the writing of this report. ARU will receive a pre-agreed consultation fee for completing this independent review.

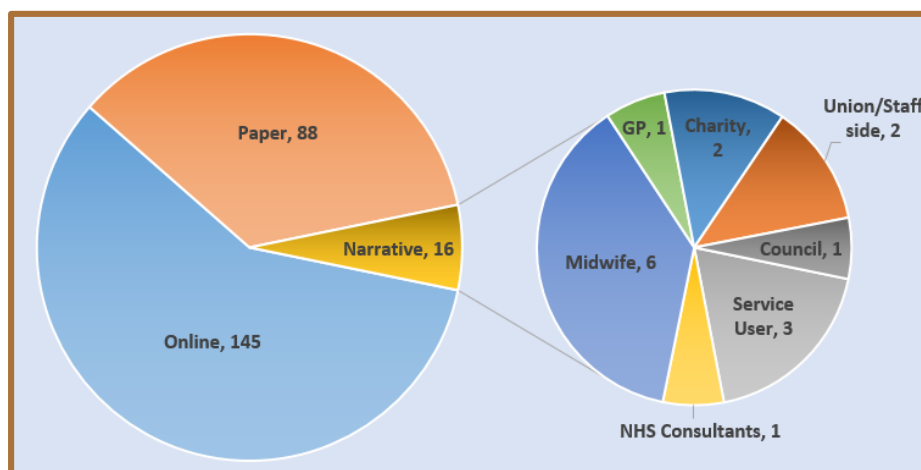
## Section 2: Methodology

### 2.1 Sources of Data

As outlined in Section 1 of this report, following the publication of the Right Start consultation document, people had between 15<sup>th</sup> October and 10<sup>th</sup> December 2014 to submit responses. Members of public primarily responded either by completing the paper version of the questionnaire which was inserted into the consultation document, or by completing the questionnaire online using SurveyMonkey®. Staff involved in the delivery of maternity services in North East Essex sent narrative responses to the consultation document rather than completing either the paper or online questionnaire.

Figure 2 shows a breakdown of the number of respondents via each method. The narrative responses represented both individual's views and the views of professional groups (e.g. a GP practice) and included responses from charities, the local council, midwives (including a letter from the Royal College of Midwives), hospital consultants, GPs and unions/staff side representatives. Three service users (i.e. people not involved in the delivery of care) did submit narrative responses. Because people completing the questionnaire were not mandated to give their name or other identifiable data, it is not known if the three service users that submitted narrative responses also submitted responses to the survey.

**Figure 2.**  
Breakdown of the methods used to respond to the consultation.



### 2.2 Management and Coding of the Data

Once all the paper questionnaires had been gathered by North East Essex CCG, the responses were entered into the SurveyMonkey®. This meant that all the questionnaire data was harmonised into one system. Once data entry was complete the full dataset was exported to a database and passed to Anglia Ruskin, along with the narrative responses.

Whilst the questionnaire contained many closed format questions (e.g. Yes/No or multiple choice), it also gave respondents the opportunity to give their opinion via free text boxes. This produced a large amount of data, which,

like the narrative responses, could not be analysed quantitatively. As a result, all narrative data (both from the questionnaires and letters and e-mails) were reviewed and key themes identified that occurred commonly in the responses. In total 10 themes were identified. Figure 3 outlines each of the themes found in the data. The themes were designed to be neutral in their context, so they could be applied to each of the questions in the survey, allowing the question to provide the context. For example, people identified 'cost' when answering the question "what factors **should** be taken into account when scoring the options" and "what factors **should not** be taken into account when scoring the options".

**Figure 3.**  
Summary of the coding themes used during data analysis.

	Theme	Definition
1.	Economics	Includes comments on cost, best use of resources, and supply & demand
2.	Patient Experience	Includes comments on using patient satisfaction at each site as a measure for the services quality
3.	Travel time/cost	Includes comments on the cost and logistics of patient travel to Colchester
4.	Trying to shift demand to the coastal MLUs	Includes comments on efforts that could be made to increase use of the coastal MLUs
5.	Impact the MLUs have on the community	Includes comments on the potential negative affect on the community of reducing services at the coastal MLUs
6.	Future population changes	Includes comments on population increases and new housing developments
7.	Providing patient choice	Includes comments on the effect on patient choice of both options
8.	Staff working pattern disruption	Includes comments on the potential disruption to staff working patterns & delivery of care due to on-call system
9.	Politics	Includes comments on the involvement of both local and national politics in the decision making process
10.	Other	All other comments

Once the 10 themes had been identified, the survey data was then reviewed and the responses to the free-text questions were coded with one or more of the 10 themes.

The narrative responses (i.e. the letters and e-mails from healthcare professionals) were reviewed against each of the questions that were asked in the survey. For example, each narrative response was examined for a preference of the two options laid out in the consultation document, and



coded accordingly. The results were tabulated in a spreadsheet along with the survey data and passed to the statistician for analysis.

### 2.3 Data Analysis

Data analyses was performed using the computer program R<sup>1</sup>. The data was converted to relational tables based on the key survey questions prior to analysis.

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1. <sup>1</sup> R Development Core Team, (2014), "R: A language and environment for statistical computing", R Foundation for Statistical Computing, Vienna, Austria, ISBN 3-900051-07-0, URL <http://www.R-project.org/>

## Section 3: Analysis

### 3.1 Introduction

The following analysis of the consultation data is structured to follow the basic format of the consultation survey. The first section provides an overview of the demographics for the respondents, to help place the subsequent sections in context. The sections that follow each address one of the key questions that were asked as part of the survey. Figure 4 summarises these questions.

**Figure 4.**  
Summary of the key questions that were asked in the survey and available options.

Report Section	Question	Options (if provided)
3.3	Which option do you believe is in the best interests of mothers and families?	Option 1 Option 2 Suggestion a 3 <sup>rd</sup> Option
3.4	Are we taking into account all of the right things when scoring the options?	Clinical effectiveness Safety Efficiency Acceptability Access Equity Relevance Is there anything we've missed?
3.5	Are there any other important factors you think we should take into account when scoring the options?	(Open question)
3.6	Are there things we should not take into account?	(Open question)
3.7	When we score the options, should each of the reasons be counted equally?	Yes No (if no, identify which factors are more important)

In each section the analysis is broken down into two sub-section; the responses received via the survey and the narrative responses. Where possible the narrative responses have been coded so they can be objectively analysed. However, due to the relatively low number of narrative responses, the breakdown sometimes included elements of subjective analysis.

### 3.2 Demographics

#### Survey respondents

Throughout the survey responses, 40 respondents chose not to complete most or all of the demographic information asked for in the survey. This is reflected in the results below.

Of the 233 respondents, 74% indicated they were female, with 12% male and the remainder not completing the gender box. One hundred and forty five (62%) of the 233 respondents did so via the online survey, with the remaining 88 (38%) responding on paper.

The most common age group indicated was the 25 to 34 groups, comprising 42% of those respondents who did give an age on the questionnaire. In total 76% of all those who gave an age fell within the age range of 18 to 44.

Figure 5 shows how the survey respondents were broken down by location and age. In the survey, respondents were asked to provide the first three digits of their postcode. These were used to map to the four locations seen in Figure 5.

Of the 193 respondents that provided their postcode on the survey, 36% were from Clacton, 44% from Colchester and 19% from Harwich.

**Figure 5.**  
Breakdown of respondent's location and age group.

Location	18-24	25-34	35-44	45-54	55-64	65-74	No Response	Total
Clacton	12	32	12	6	4	2	2	70
Colchester	5	33	19	19	6	1	2	85
Harwich	7	12	9	3	3	2		36
Outside NEE		1	1					2
(blank)		1					39	40
<b>Grand Total</b>	<b>24</b>	<b>79</b>	<b>41</b>	<b>28</b>	<b>13</b>	<b>5</b>	<b>43</b>	<b>233</b>

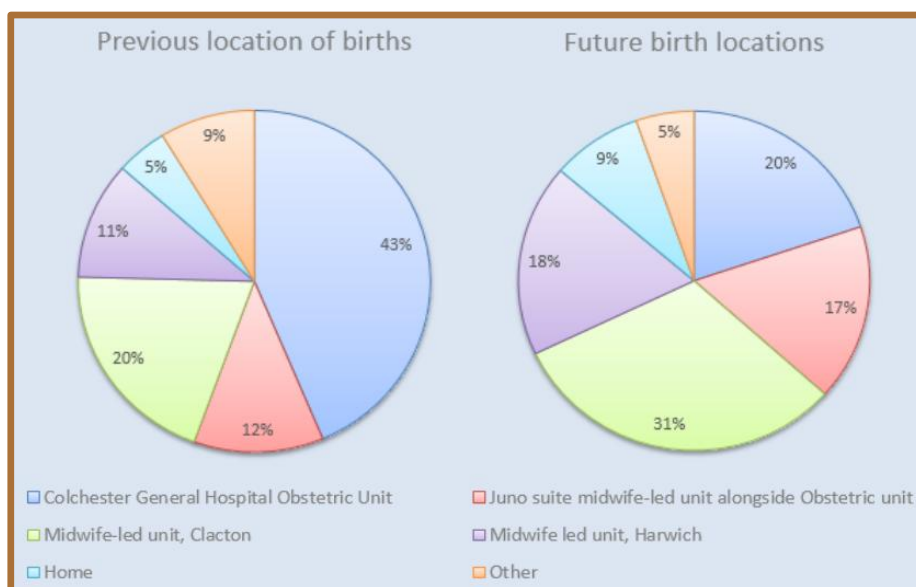
Forty-one of the respondents did not indicate an ethnicity on the survey. Of those who did complete the question (192), 95% were white (British, Irish or other), with the remaining 5% selecting the African, Indian, Mixed race or Other Asian box.

Of the 175 people who did answer the "Which of the following best describes you?" question, which related to the individuals maternal/paternal history, 77% (134) already had children, with 18% (31) currently expecting their first child and 5% (10) saying they had no children and were not planning to have any in the future.

Figure 6 shows maternal/paternal history by location for the survey respondents, alongside the responses to where people are planning to give birth in the future (if applicable). Of all respondents, 101 answered the question about the location of previous births. The total number of birth

locations counted was 126, but it should be noted that some individuals had given birth in more than one location. Comparing the percentages of births at each location for previous and planned births in Figure 6, there is a clear shift away from the consultant led unit at Colchester towards the midwife led units.

**Figure 6.**  
Breakdown of previous and planned future births by location.



### Narrative Respondents

As described in Figure 3 (introduction section), 16 narrative responses to the Right Start consultation were received.

Figure 7 breaks down the responses, the staff group they were coded to, and the number of people the response represented.

**Figure 7.**  
Summary of narrative responses and the number of people each response represented.

Response	Respondent Type	Number of Respondents Represented
1	Patient	1
2	Patient	1
3	Hospital consultants	11
4	Midwife	1
5	Patient	1
6	Midwife	1
7	Midwife	13
8	Midwife	1
9	Midwife	1
10	GP Surgery	Unknown
11	Charity	Unknown
12	Charity	Unknown
13	Union/Staff side	Unknown
14	Union/Staff side	Unknown
15	Local Council	Unknown
16	Royal College of Midwives	Unknown

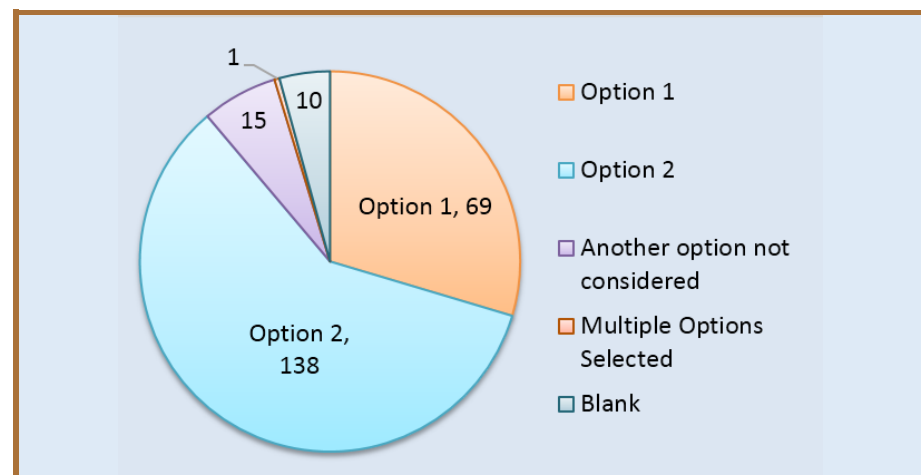
It should be noted that one of the midwives responded both as part of a group letter and by writing a personal letter. Both responses are reflected in Figure 7. Because those completing the questionnaire were not required to provide any personal identifiers if they did not want to, there is no way to identify if individuals that submitted narrative responses also completed the online survey. However, some of the common phraseology seen in both narrative and survey responses would suggest this may be the case.

### 3.3 Which option do you believe is in the best interests of mothers and families?

#### Survey respondents

Of the 233 responses, 59% (138) favoured option 2, with 30% (69) showing a preference for option 1. The format of the survey did not limit people to choose just one option, and as a result 10 people chose both option 1 and 2. Figure 8 shows a summary of the options selected by respondents.

**Figure 8.**  
Breakdown of the options selected by survey respondents.



Fifteen people suggested an alternative to either option 1 or 2. Those 15 alternative suggestions were coded into three categories. Two of the fifteen suggested a model focused on increasing the number of home births. Seven people suggest that either one or both of the two coastal midwife led units should be closed. The remaining six responses shared no themes and in many cases did not offer a clear alternative.

**Figure 9.**  
Summary of option selected by the location of respondent.

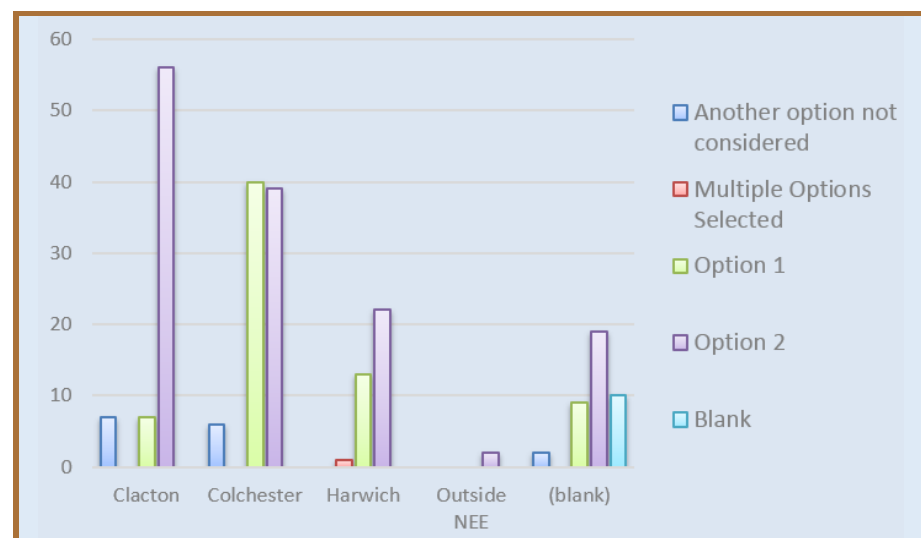
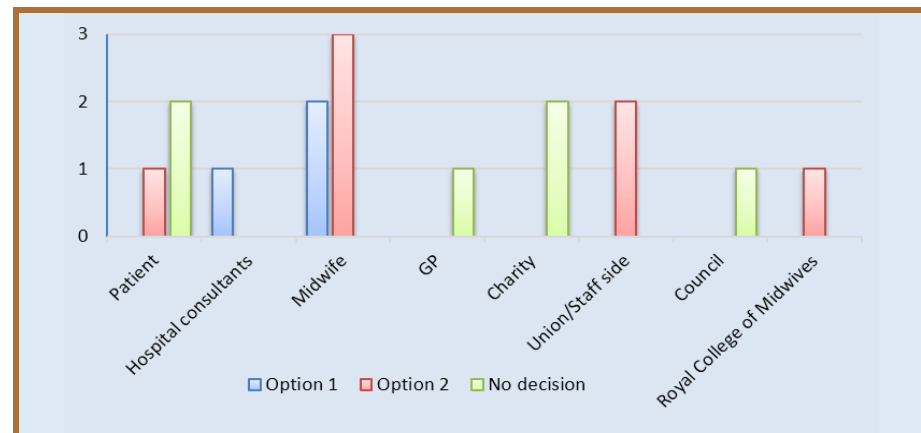


Figure 9 shows the breakdown of options selected by respondent location. Responses from people living in the coastal regions showed a clear preference for option 2, with 80% of responses from Clacton and 61% of response from Harwich supporting this option. Respondents from Colchester rated both the main options evenly (40 people supporting option 1 and 39 supporting option 2).

### Narrative respondents

Of the 16 narrative responses, three supported option 1, seven supported option 2 and the remaining six responses did not offer a preference. However, caution should be used when comparing the number of responses directly as some responses represented individuals, while others were on behalf of groups. Figure 10 shows the breakdown by respondent group. Please see the footnote below regarding duplicate responses<sup>2</sup>.

**Figure 10.**  
Summary of option selected by the narrative respondents.



Of the responses from midwives (including a letter from the Royal College of Midwives), four of the six supported option 2, with the final two responses supporting option 1.

While both the two responses from charities did not offer an opinion on the two options, one did state that option two would fail on cost and efficiency. The two responses from the union/staff side representatives supported option 2 (see footnote below). The response from the local council supported the consultation, but offered no view on the two options.

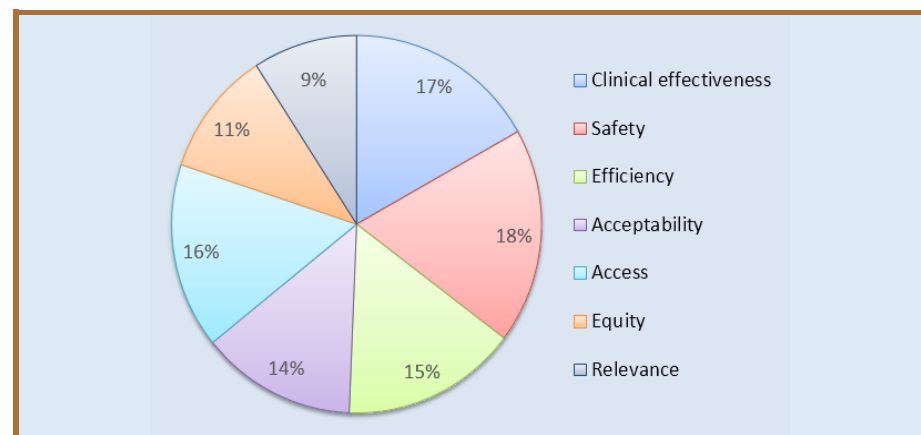
<sup>2</sup> **Note on duplicated responses.** As noted earlier in the demographic section, one of the individual letters was from a midwife who was also named on a group midwife response, both responses supporting option 2. Two responses were received from union or staff side representatives, both supporting option 2. However, it should be noted that one of these responses was a verbatim copy of one of the responses received from a group of midwives (the only differences being the title of the document).

### 3.4 Are we taking into account all of the right things when scoring the options?

#### Survey respondents

Of the 233 survey respondents, 181 people ticked one or more factors. Sixty people choose all seven of the available options. Figure 11 shows the breakdown of the factors people indicated on the survey. The distribution of factors was very even across all respondents.

**Figure 11.** Summary of factors that should be taken into account when scoring the options (from survey data).

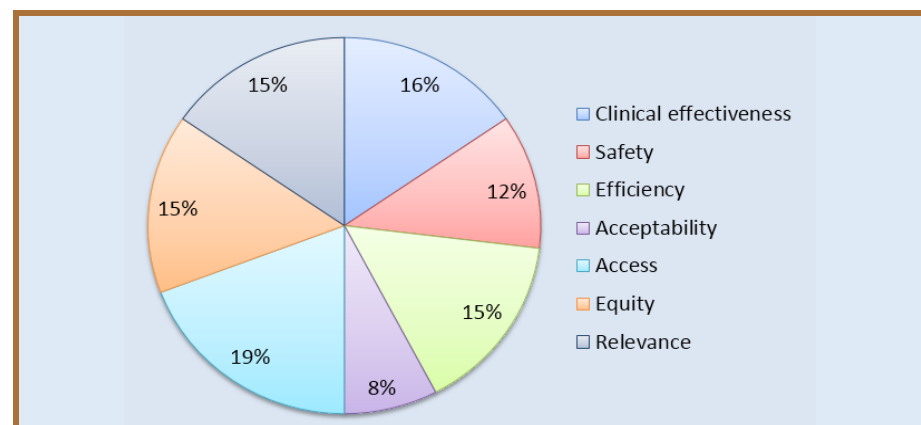


Two of the options available to respondents were “Acceptability” and “Relevance”. Whilst the data has been included in the analysis it should be noted that it is not clear as to what the author(s) of the questionnaire meant by these terms. For both options the free text comments indicated that people had different interpretation of context of the question (i.e. from whose perspective will acceptability be judged?).

#### Narrative respondents

The narrative responses showed a similar evenly spread pattern to the survey responses (Figure 12). The most commonly identified factor was access (19%).

**Figure 12.** Summary of factors that should be taken into account when scoring the options (from narrative data).



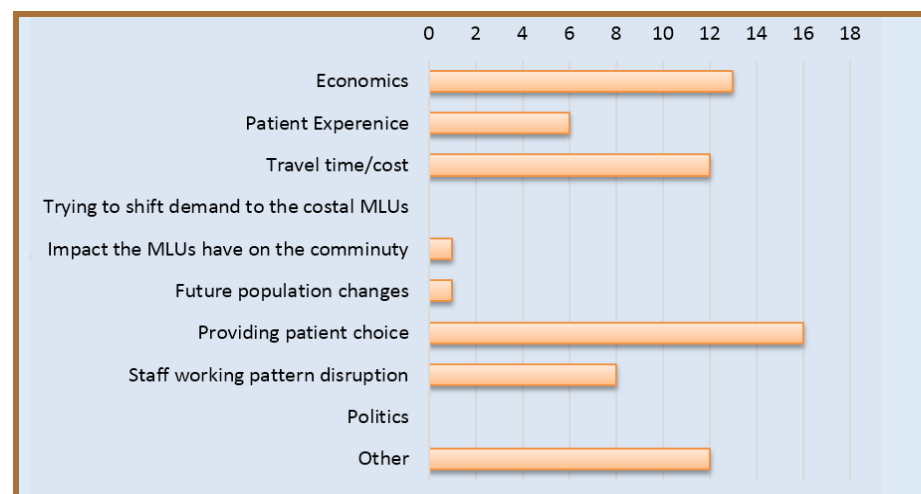


### 3.5 Are there any other important factors you think we should take into account when scoring the options?

#### Survey respondents

Survey responses were coded using the 10 theme categories listed in Figure 3 (section 2.2). The most common factor that featured in the responses was ‘providing patient choice’ which 16 respondents identified as important. Reading the narrative for these responses it is clear that there is some overlap between patient choice and equity, which was one of the options provided in the questionnaire (see section 3.4). Figure 13 summaries the responses to this question.

**Figure 13.** Summary of additional factors that should be taken into account when scoring the options (from survey data).



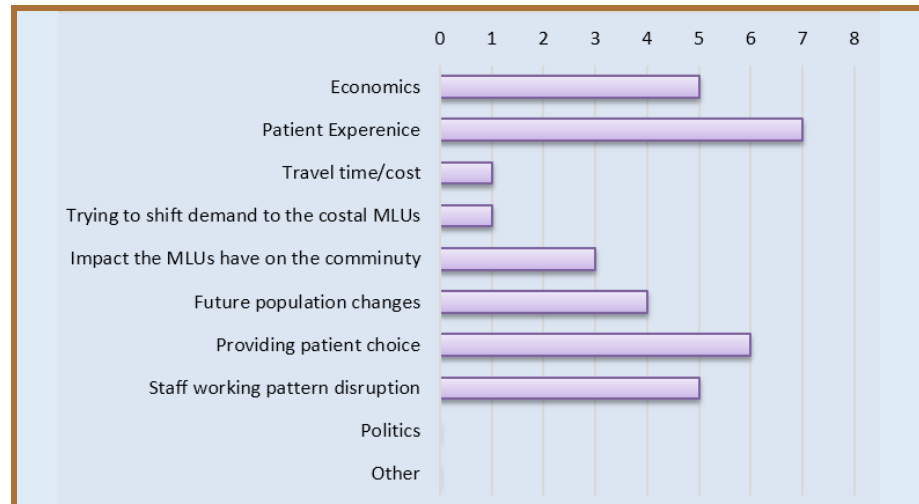
Thirteen people identified economics as a key factor that should be considered. Many of these responses focused on the best use of resources that are available for maternity care. Of the 13 people who identified economics, the majority were from the Clacton or Harwich area.

The time taken to travel between the coastal sites and Colchester, and the cost associated with this travel, was identified by 12 people. Ten of the 12 respondents were from the Clacton or Harwich area.

### Narrative respondents

As with the survey data, the coding themes were applied to the 16 narrative responses. Patient experience and providing patient choice were the most commonly cited theme. Economics was also a common theme appearing in five of the narrative responses. Figure 14 provides a breakdown of the response themes.

**Figure 14.** Summary of additional factors that should be taken into account when scoring the options (from narrative data).

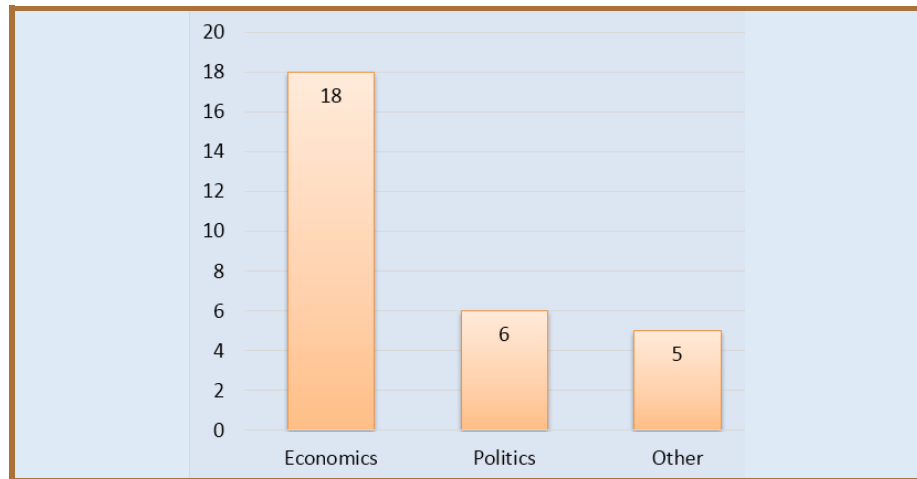


### 3.6 Are there things we should not take into account?

#### Survey respondents

Of the 233 respondents, 29 identified factors that should not be taken into account (several people identified more than one factor). Only three of the coding themes, economics, politics and other, were scored. As Figure 15 shows, economics was the most commonly identified.

**Figure 15.** Summary of factors that should not be taken into account when scoring the options (from survey data).



#### Narrative respondents

It was not possible to apply a quantitative review of factors that should not be taken into account to the narrative data, as the responses tended to focus on what should be considered, rather than what shouldn't. As a result the number of coded data points was too small to tabulate.

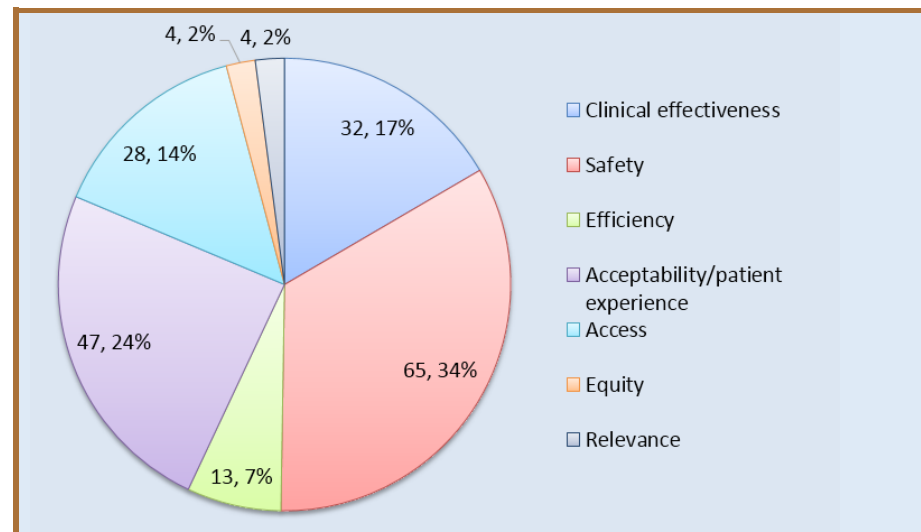
It was clear from two of the responses that the author felt that economic factors should not be taken into account, with one of these letters also citing politics as a negative factor.

### 3.7 When we score the options, should each of the reasons be counted equally?

#### Survey respondents

Off the 233 survey respondents, 112 (48%) felt that the options should be counted equally, with 87 (37%) saying no, and 34 people not responding. Figure 16 shows a breakdown of the factors people felt should be given additional weighting.

**Figure 16.** Summary of factors that should be given additional weighting when scoring the options (from survey data).



The most common factor was safety, which was a common theme when breaking the data down by location, gender and maternal/paternal history.

#### Narrative respondents

It was not possible to identify any prioritisation of the survey options from the narrative responses without making assumptions as to the importance the authors had placed on individual factors.

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## Section 4: Conclusion

The majority of the survey respondents were female and of child bearing age, so the respondent group was broadly representative of the patient group that will use the service. The location of the respondents were roughly evenly distributed between Colchester and the coastal areas. The majority of previous births were at the Colchester consultant led unit, but it is not known whether this was as a result of patient choice, or due to previous closures of the coastal units. Results showed an increase in the number of women intending to give birth at the coastal units, however, it is not clear whether this intention would change depending on the option that is instituted as a result of this consultation.

Of the survey respondents, a clear majority favoured option 2. When broken down by location, those in the coastal areas overwhelmingly supported option 2, whereas those from Colchester were divided. The majority of the midwives supported option 2, however, it should be noted that all of the midwife responses were from staff working at the coastal units. Those midwives that did favour option 1 cited economic reasons in support of their choice.

Both the survey and narrative responses highlighted patient safety, choice and experiences as the key factors that should be taken into account when making the decision about the future of the services. Economics was also an important factor that respondents suggested should be included in the decision making process (although a number of people also suggested that economic factors should not be taken into account). Many respondents appreciated the cost implications, but ultimately the needs of the patient was seen to be of greater importance. A small number of respondents suggest that the coastal units should be closed based on economic factors.

Survey respondents also highlighted that the prospect of travel between the coastal sites and Colchester placed an additional burden on the patients and their families.

The key weakness of the survey was that it did not offer participants the opportunity to indicate how the two options might change their behaviour in the future. There is the potential that the concerns that were raised over the continuity of care (as evidenced through comments on safety and patient experience) of the on-call system might mean that women decide to have their children in Colchester if option 1 is selected.



- END -