NHS
Derbyshire County

REVIEW OF STAND ALONE BIRTH CENTRES IN DERBYSHIRE

CONTENTS

Appendices

1. CONTEXT

1.1 History of the units

Both Corbar Hall Maternity Unit and Darley Hall Maternity Home were two of many maternity homes set up both nationally and locally over 60 years ago to provide GP-led maternity care. During the late 1960's/early 70's many of these units were replaced by Maternity Hospitals which included GP/midwife led wards. In Derbyshire the only two units which remained open were both in the High Peak and Dales of the County.

During the 1980s both these units were relocated to purpose built facilities at the Buxton Cottage Hospital site (Corbar Birth Centre) and to the Whitworth Community Hospital site (Darley Birth Centre). The fact that these units have continued to exist is not due to any evidence-based health need of the High Peak and Dales communities, it is just historical.

This has meant therefore that there has been an inequitable provision of the stand alone maternity units in the county of Derbyshire.

Both units have in the past had clinical incidents that have resulted in the temporary closure of the units to provide further training to both teams of midwives. However despite these incidents, the public was strongly in favour of the units reopening.

Chesterfield Royal Hospital consulted local people on the closure of Darley Birth Centre in 2007 as part of a wider consultation on a number of areas. The decision was taken to retain the unit pending a wider review.

1.2 Brief Overview of birth centres

Corbar and Darley Birth Centres are stand alone maternity units (also known as Freestanding Midwifery Units (FMU's) which means that they are separate units that are not on the same site as any acute (major) hospital. They are the only two stand alone maternity units in Derbyshire. In the East Midlands SHA there are a total of four stand alone midwifery-led birth centres and nationally there are 47.

Currently, both Corbar and Darley Birth Centres provide antenatal and postnatal checks, breastfeeding support, antenatal classes, 1:1 care throughout the labour and birthing process, and a drop-in service outside normal working hours.

These two stand alone birthing centres can only provide maternity care for women who have low-risk, uncomplicated pregnancies and deliveries. Anyone with a higher level of need is currently advised to give birth at one of the acute hospitals and anyone who begins labour at one of the stand alone birthing centres as low-risk, but then has complications (e.g., signs of meconium in the waters, a slow foetal heartbeat or the need for a ventouse delivery) must be transferred to the acute hospital.

1.3 Maternity provision

All women across Derbyshire currently have a range of options in terms of choice of birth place. These are:-

- Home Birth (subject to clinical assessment to determine risk – available to all women assessed as low risk)

- Birth in an adjacent midwifery-led unit (also known as Alongside Midwifery Unit (AMU) offering swift access to consultant-led services if needed. There are midwife-led birthing centres which are adjacent to consultant-led units at Stepping Hill, Chesterfield Royal, Royal Derby Hospital and Macclesfield District General Hospital which women can choose to go to.
- Birth in a Consultant-led maternity unit linked to neonatal unit with 24/7 obstetric and anaesthetic support

2. STRATEGIC FIT

2.1 Business need

The next few years will be challenging for the NHS. New drugs and treatments together with an ageing population mean that demand for NHS services is increasing, along with the associated costs.

If the PCT takes no action this will lead to a combined deficit in funding of £245million across all NHS organisations in Derbyshire between now and March 2014.

The PCT has a QIPP (Quality, Innovation, Productivity and Prevention) target of £31 million to be achieved by the end of 2011-12.

In order to meet the financial challenge in 11-12 and beyond, the PCT has undertaken a review of all services currently commissioned to ensure where possible all services commissioned either improve or sustain quality but are also cost effective, equitable and meet the needs of the PCT population.

Reviewing where babies are delivered is one area which could contribute to the PCTs overall business objective of delivering financial savings whilst maintaining quality and ensuring that the resource released is used to best effect for the whole PCT population in line with PCT core values.

2.2 Project aims

To undertake a comprehensive review of the births in the stand alone birth centres in Matlock (Darley Birth Centre) and Buxton (Corbar Birth Centre) by:-

- Reviewing the clinical evidence base for stand alone units comparing the outcomes for mothers and babies with adjacent midwifery-led units and home births
- Reviewing the full range of current service provision within the birth centres i.e. antenatal and postnatal provision as well as intrapartum care
- Analysing the trends in uptake of the centres and therefore viability of the services
- Reviewing capacity within current maternity providers across the PCT
- Reviewing accessibility of alternative midwifery-led provision across the PCT
- Reviewing journey times to other midwifery-led units in the areas currently served by the stand alone birth centres comparing this with journey times for the whole PCT population to ensure equity of access across the PCT
- Analysing the productivity and financial costs of the birth centres
- Identifying key stakeholders
- To identify the process for meeting Lansley's four tests

3. CRITICAL SUCCESS FACTORS

To review births at stand alone birth centres to ensure services provided are in line with QIPP (Quality, Innovation, Productivity and Prevention) and meet the PCT principles of prioritisation. The critical success factors used are therefore as follows:

- **Maximisation of health outcomes** - the services must produce the greatest health benefit for the total PCT population.
- **Affordability** – the service is affordable. The PCT has a legal budgetary responsibility and recognise that not all interventions that might benefit the people of Derbyshire will be afforded within fixed resources.
- **Clinical effectiveness –** there is sound evidence of clinical effectiveness
- **Quality –** services commissioned will be high quality services as evidenced against national and international best practice.
- **Cost effectiveness** – the services will yield the greatest benefit relative to the cost of provision
- **Equity** – there is equity of access and services will not be offered to one patient that cannot be offered to all without equal clinical need
- **Safety** – the services minimise clinical and service risks
- **Inequalities and fairness** – we will prioritise interventions that address the health needs of sub-groups of our population who have poorer than average health outcomes.

4. EVIDENCE BASE

4.1 Clinical evidence/Quality

There is no evidence to show that giving birth in a birthing centre is safer than a home birth, nor is it more clinically effective. There is also no evidence to say that the stand alone birthing centre birth is better or has better outcomes than the birthing centres that are co-located in the major hospitals.

- There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone midwife-led units[1], however the cost of stand alone units is significantly more per birth

- The available information suggests that among women who plan to give birth either at home or within a midwife- led unit there is a higher likelihood of a normal birth, with less intervention.[2] This does not make a distinction between adjacent or stand alone midwifery-led units.

- Clinical outcomes in low-risk pregnancies are not affected by the type of delivery setting, however satisfaction levels are much higher with community-based settings.[1]

- Where complications arise, treating women and their babies in specialist treatment centres with a fully equipped neonatal unit improves outcomes due to: (a) increased experience available in tertiary centres, and (b) the negative effects of transferring newborn babies. [1]

  The intrapartum (during labour) transfer rate in two studies was 12% and 25%[4]. Recent figures from Corbar show transfer rates averaging around 23%. Figures from Darley Dale are in line with this. This means that in nearly a quarter of cases mothers are transferred in labour with all the complications and risks in line with this.

- A transfer from an FMU (Freestanding Midwifery Unit) will probably involve a car or ambulance and possibly the need for a midwife to accompany the woman. This therefore means a second midwife will be required to manage the unit. Where a transfer from an AMU (Alongside Midwifery Unit) will normally just involve being moved on a bed from one room to another or possibly between buildings on a hospital site.[3]

- Many studies have shown that home birth can be reasonably safe in selected low-risk women although the Royal College of Obstetrics and Gynaecology continues to advise that complications are often unpredictable and women should be told that help may be further away in the case of unexpected events. If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be worse than if they were in the obstetric unit with access to specialised care. The National

[1] Reference: 'Making the Clinical Case for Reconfiguration Evidence Base Review' DOH 2007

[2] Ref: NICE Guidance Intrapartum Care – June 2008

[3] Ref: Towards better births – A review of maternity services in England Healthcare Commission 2008

Perinatal Epidemiology Units is currently conducting further research into the relative safety of stand alone midwifery birth units.[4]

- A number of good quality randomised control trials (RCTs) have been undertaken internationally looking at AMUs. Included in the review of the RCTs there were 39 different outcome measures. Overall these measures indicated that the use of pain relief, likelihood of intervention, use of labour augmenting drugs etc were comparable with a home birth setting.[5]

- There is a lack of good quality evidence available on maternal and baby outcomes for stand alone midwife-led units[3]

- There is a lack of good quality information comparing the outcomes for stand alone midwife-led units versus adjacent units[3]

4.2 Patient safety

The issues around patient safety of stand alone midwifery-led birth centres are essentially the same as for homebirths.

In terms of backup and resources, giving birth in a stand alone midwifery unit is essentially the same as a home birth but in another environment. The main difference is the availability of 24-hour postnatal care. All other options e.g. pool birth can be done at home and the same methods of pain relief are available. In terms of resuscitation, a resuscitaire is available at the birth centres; however the midwives undertaking home births carry grab bags which also contain resuscitation equipment.

One of the units during the night it is staffed by 2 Midwifery Care Assistants (MCAs) with a midwife on call for back up as is the case in a home birth where the woman and baby are cared for by relatives until a midwife arrives.

In terms of transfer, the safety issues for a stand alone maternity unit and a homebirth are essentially the same. A transfer from an FMU (Freestanding Midwifery Unit) will probably involve a car or ambulance and possibly the need for a midwife to accompany the woman. This therefore means a second midwife will be required to manage the unit. Where a transfer from an AMU (Alongside Midwifery Unit) will normally just involve being moved on a bed from one room to another or possibly between buildings on a hospital site.[6] If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be worse therefore than if they were in the obstetric unit with access to specialised care.

[4] Ref: VP Argent: Patient safety, Pre-hospital risks of the reconfiguration of obstetric services. 2010

[5] Ref: Hodnett ED. Home –like versus conventional institutional settings for birth (Cochrane Review). In: The Cochrane Library, Issue3, 2004.

[6] Ref: Towards better births – A review of maternity services in England Healthcare Commission 2008

4.3 Current service provision at birth centres

a) antenatal classes
Antenatal parenting classes are offered locally.

b) Intrapartum care
Care during labour is provided in line with Royal College guidance.

c) breastfeeding support
Both Darley and Corbar are covered by a volunteer support led by the Health Visiting provision. These services complement the breast feeding support offered by core health visiting and midwifery services and there is no plan to change where or how these services are currently offered.

d) glucose tolerance tests
These are provided locally at the Cavendish Hospital in Buxton and Darley Birth Centre.

e) general antenatal and postnatal checks
These are provided in a variety of locations including the birth centres, children's centres and the women's home.

f) provides a drop in service outside normal working hours
In line with "Maternity Matters" [7] providers offer some out of hour's drop-in clinics.

g) Scans
These are currently provided at Buxton Hospital and Chesterfield Royal Hospital.
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4.4 Current activity levels

The total number of births across the 2 birth centres in 2009/10 was 344. The total number of births in the PCT in the same year was 7177. Therefore the births taking place at birth centres represent 5% of PCT's total births in 2009/10.

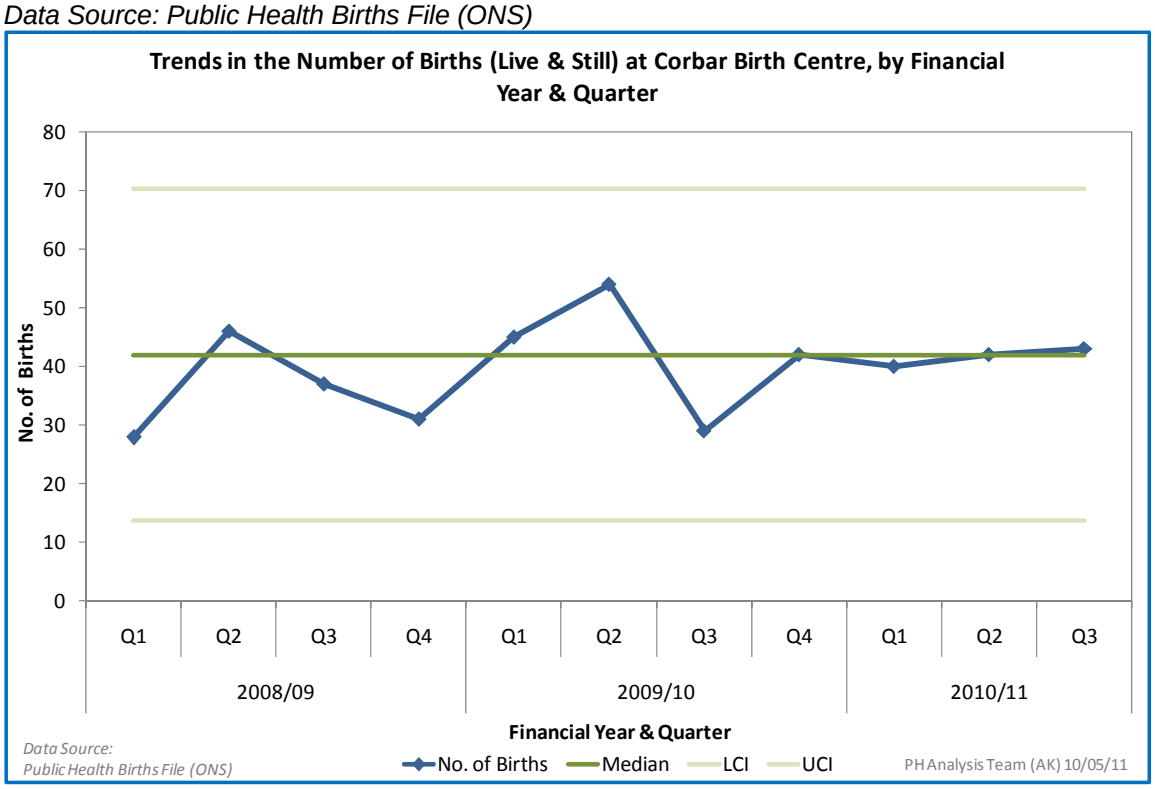
2009/2010 data:
Darley Birth Centre total activity data 174 (7%) of the total 2358 births that took place in the Dales & Chesterfield
Corbar Birth Centre total activity data 170 (32%) out of 536 for the High Peak

The following 2 charts provide information with regards to trends in number of births at each birth centre over a period of 6 years and the median for each quarter.

[7] Maternity matters: choice, access and continuity of care in a safe service. DOH. 2007

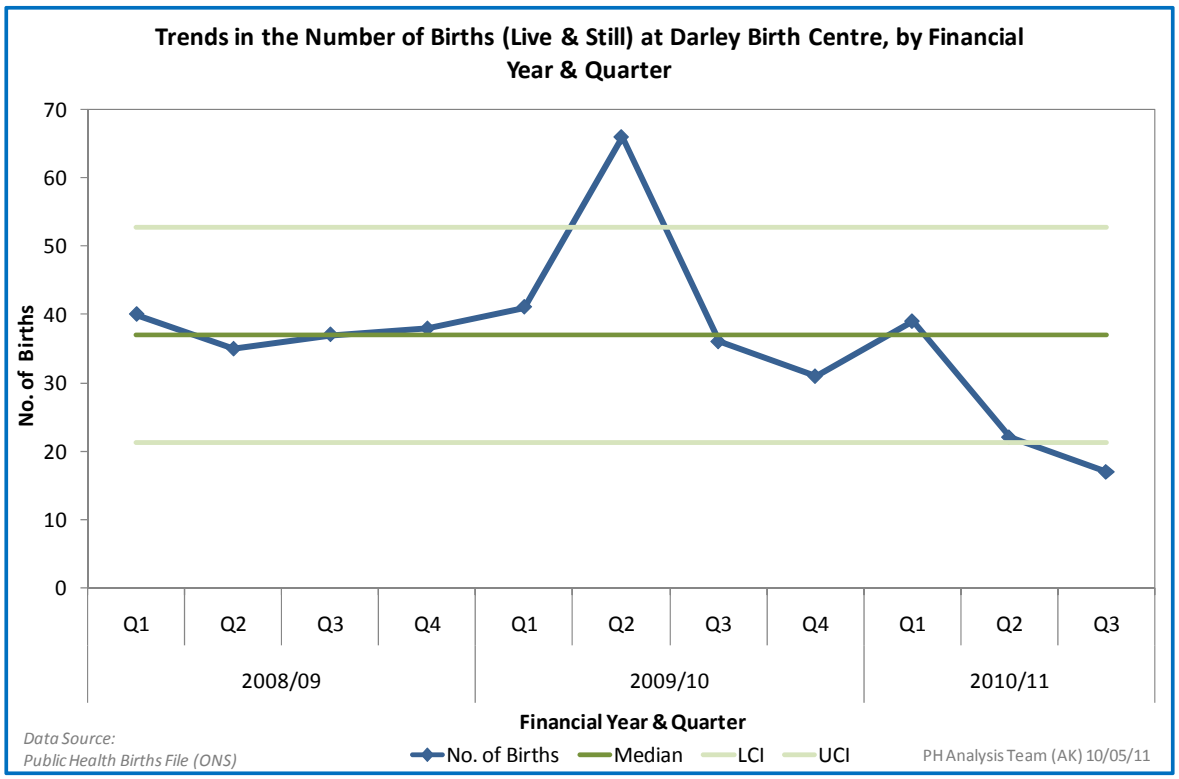
Trends in the number of births at Corbar Birth Centre, by financial year & Quarter

Data Source: Public Health Births File (ONS)



Trends in the Number of Births at Darley Birth Centre, by Financial Year & Quarter

Data Source: Public Health Births File (ONS)



The localities of High Peak and Dales are among the most affluent compared with other localities across Derbyshire, however the PCT has analysed the births relating to the most deprived areas in the localities served by the birth centres.

Over the last 3 years on average 72% of women living within the 3 most deprived areas (5th quintile)[8] in the High Peak delivered their babies at other hospitals/units. Only 26% delivered at Corbar.

In terms of Darley, over the last 3 years on average 71% of women living within the 2 most deprived areas[9] in the Dales (5th quintile) delivered their babies at other hospitals/units.

Please refer to appendix III for more detailed activity numbers.

4.5 Capacity at providers

Alongside midwifery-led units
Both Chesterfield Royal Hospital NHS Foundation Trust (CRHFT) and Stockport NHS Foundation Trust (SFT) have confirmed that they have the capacity to accommodate additional activity at their main sites.

CRHFT has recently been refurbished with an increase in 4 birth rooms from the previous labour ward facility.

SFT intends to expand the facilities at the Stockport birth centre to provide a further birthing room in 2011.

Homebirths
It is commonly believed that two midwives are required for the duration of labour, when in fact there is only a requirement for two midwives to be present at the actual birth.[10]

The NICE guideline on intrapartum care (care during labour)[11] states: "that a woman in established labour should receive supportive one-to-one care."

The latest statistics show 1 in 40 births (2%) take place in the home (Royal College of Obstetricians and Gynaecologists / Royal College of Midwives Joint statement No.2, April 2007). However, during the period for 07-08 when Darley Birth Centre was closed, the home birth rate tripled from an average of 8 to an average of 22 per year.

Both providers have indicated that they believe they have sufficient community midwifery staff to support an increase in homebirths. Ensuring home birth is a choice for women (subject to clinical assessment to determine risk – available to all women assessed as low risk) is in line with the commissioning agreement between the PCT and the Trusts.

[8] The Deprivation groups (quintiles) range from 1 (least deprived) to 5 (most deprived). The 3 areas by wards identified are; Stonebench (Fairfield), Cote Heath (Harpur Hill) and New Mills East
[9] The 2 areas by wards identified are; Matlock St. Giles and Matlock All Saints (both Hurst Farm Estate, Matlock)
[10] Ref: Ratios for Midwifery Workforce Planning at National, SHA and local Level Birthrate Plus; May 2009
[11] Ref: Intrapartum care: Care of healthy women and their babies during childbirth (Sep 2007)

4.6 Accessibility and journey times to midwifery-led provision across the PCT

Equity of access
There are 318 communities[12] across the PCT and of these, 206 are not currently in the catchment of either Darley or Corbar or any other stand alone midwifery-led unit. Therefore, there is currently inequity in provision with some areas having access to stand alone units and others with no such provision.

In addition, 32 of the 206 communities do not have access to Corbar or Darley or to a local district general hospital by public transport.

Journey times (refer to appendix II for full report)
A detailed analysis of the travel and journey times to local providers by both public and private transport has been undertaken.

For public transport journeys, the report uses data originally collected for the County and City PCT report on travel to health facilities, which was produced in 2009. This came from public transport timetables current in 2006 with limited updating. This has been augmented by the calculation of journeys from more communities to both hospitals.

An analysis of journey times by public transport has been included although it is unlikely that women in labour would use public transport. Where the family has no car, this is no different from families in the PCT who live outside of the Corbar and Darley Birth Centre catchment areas and have to make a journey to hospital in labour. In these instances, women would likely call a taxi, use a mixture of friends/neighbours or, in emergency situations, call an ambulance.

Women using Corbar are currently on average travelling 52 mins by public transport (range 6 to 109 mins) or 21 minutes by car (range 3 to 39 mins) and women using Darley are travelling on average 48 minutes by public transport (range 5 to 187mins) or 20 minutes by car (range 3 to 39 mins).

Women in other areas of the PCT are travelling on average 53 minutes (range 2 to 135 mins) by public transport and 21 minutes on average by car (range 3 to 41 mins) to get to their nearest maternity unit and we have had no reports of issues as a result.

Adverse weather conditions
In such conditions, the County Council leads emergency planning and they work with all relevant agencies (emergency services, all health and social care services, and others) to develop joint & organisational level plans.

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[12] Communities were initially identified from maps and timetables supplemented by consulting PCT staff. Some of the larger communities were divided into suburbs.

Town centre locations for Chesterfield, Derby and Buxton have also been included. This phase of the work was supplemented by reference to data on parishes. A list of current town and parish councils was obtained through the Derbyshire Association of Local Councils. Parishes were also cross-referenced with data from National Statistics and all parishes with a population of over 90 were included. A distinct community to include as a location for travel to health facilities is something on which it is difficult to be prescriptive so a number of others have been added to fill gaps in coverage.

All NHS organisations (including GP practices) have business continuity plans and these are complimented by adverse weather plans in many cases. These plans are reviewed on an on-going basis.

In the case of bad weather, members of the public facing an emergency situation would call 999 in the usual way and the emergency services would respond. The services will use their business continuity plans and adverse weather plans to ensure that they can provide an appropriate response.

EMAS and other ambulance providers are well versed in managing with road closures. All major NHS organisations have emergency plans as part of their duties under the Civil Contingencies Act. In the extreme weather conditions last winter, the capability of all partners in Derbyshire was severely tested. Derbyshire County Council Emergency Planning team responded excellently with other agencies setting up a multiagency control centre, marshalling transport capacity on a multiagency basis and bringing in voluntary 4x4 operators as well as public sector vehicles.

The PCT has been advised that during these adverse weather conditions in December 2010, no women presented in labour at either Darley or Corbar Birth Centre who were not booked to give birth there. The PCT is not aware of any problems arising from the bad weather.

4.7 Productivity and financial costs of the stand alone birth centres

Please note that due to the commercial sensitivity of this information, some of the detail has been removed.

Financial lump sum
The PCT currently pays the national tariff for a normal delivery without complications of £1236 (2011-12 tariff for women) for each birth plus a financial lump sum (flat fee) amount to both providers to cover the costs of the Darley and Corbar birth centres.

Transfer costs

Approximately 23% of all mums who go to Corbar and Darley to give birth have to be transferred intrapartum (during labour).

The cost of each ambulance transfer is £213 per transfer (2011-12 contract costs). This means that based on 10-11 figures, it costs approximately a further £8307[13] for transfers from Darley and £7668[13] for transfers from Corbar.

Total additional costs
The PCT currently pays financial lump sums (flat fees) at both providers in addition to the tariff price.

[13] Transfer rates and costs: Corbar: 23%*167 births (10-11) =38- 2 (estimated transfers that would still occur due to forecast increase in homebirths. I.e. additional 10 homebirths a year (based on 10-11 homebirths as proportion of High Peak total births*23% =2). Therefore net 36 transfers saved*£213.01 (EMAS cost per transfer 11-12)=£7668
Darley: 49 transfers intrapartum in 10-11=49- 10 (estimated transfers that would still occur due to forecast increase in homebirths based on what happened when Darley closed in 2007. I.e. additional 30 homebirths a year *33% (transfer rate in 10-11) =10. Therefore net transfers saved and cost=39*£213.01 (EMAS cost per transfer 11-12)=£8307

Because only low-risk women can give birth at Darley and Corbar, the fact that the PCT is paying both a tariff and financial lump sum means the least complicated births are costing the most.

4.8 Key stakeholders
The following stakeholders have been identified:

- GP consortia in the localities affected - Buxton and High Peak, Chesterfield/North Dales
- All other GP consortia
- Major Providers (Chesterfield Royal Hospital NHS Foundation Trust, Stockport NHS Foundation Trust, East Cheshire NHS Trust, Derby Hospitals NHS Foundation Trust, East Midlands Ambulance Service/Ambulance services)
- Public/Patients
- Affected Operational Staff from both Stockport FT and Chesterfield Royal Hospital FT
- Royal College of Midwives
- Local Medical Committee (LMC)
- SHA
- MPs – Andrew Bingham (Conservative, High Peak); Patrick McLoughlin (Conservative, Derbyshire Dales)
- Overview & Scrutiny Committee at Derbyshire County Council
- Councillors – Derbyshire County Council; Chesterfield, High Peak and Amber Valley Borough Councils; Derbyshire Dales District Council; Town and Parish Councils covering catchment area
- Leagues of Friends
- Derbyshire Local Involvement Network (LINk)
- Maternity Services Liaison Committees (MSLCs) in Chesterfield, High Peak and Derby City
- Local Media
- National, Regional and Trade Media

5 OPTION APPRAISAL

Please note that due to the commercial sensitivity of this information, some of the detail has been removed.

There are four options for consideration:

1. **Do nothing**

2. **Closure of Corbar Birth Centre. Retention of Darley Birth Centre. Retention of all antenatal and postnatal care, scans and antenatal parenting in the locality.**

3. **Closure of Darley Birth Centre. Retention of Corbar Birth Centre. Retention of all antenatal and postnatal care, scans and antenatal parenting in the locality**

4. **Closure of both Corbar and Darley Birth Centres. Retention of all antenatal and postnatal care, scans and antenatal parenting in the locality**

Options 2, 3 and 4 could also have considered changes to provision of antenatal and postnatal care, scans and antenatal parenting. However it is felt that such changes, which would increase travel times for routine care, are not a realistic option for consideration and would result in inequity of provision.

Table 1

Option No.	Option	Costs	Benefits	Risks
1	Do nothing	Ongoing commitment of at least £579380[14] a year	o Public support for PCT decision o Increased choice to some communities in the PCT	**Cost effectiveness** The birth centres do not yield the greatest benefit relative to cost of provision as:- o Costs are in addition to the standard tariff

[14] This is based the financial lump sums given to Stockport FT and CRHFT plus cost of ambulance transfers

			o Clinical effectiveness – there is no clear evidence that difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services provides health outcomes in line with adjacent midwifery-led units o Services commissioned are felt to be high quality and meet the standards in line with the "Safer childbirth, minimum standards for the organisation and delivery of care in labour." Report prepared by the Royal College of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health. Oct 2007.	price. I.e. Ongoing commitment of at least £579k a year in addition to the tariff charge per birth. o No financial savings made therefore reduced likelihood of PCT achieving the QIPP target of £31 million o CRHFT has indicated that if Darley Birth Centre continues to be commissioned, the costs to the PCT may need to increase to cover increases in costs to the Trust in providing the service o PCT has finite resources and would need to look at other areas to achieve savings – these may have impact on greater number of people and potentially be even more controversial o Approximately 20-25% of mums have to be transferred to the main site in labour. This costs the PCT a further £213 per transfer **Affordability** Services are paid for in addition to the standard tariff price paid per birth and are therefore above the budget allocated via PbR. **Inequity of access** 206 of the 318 communities in the PCT are not in the catchment of either Darley or Corbar **Safety** If something goes unexpectedly wrong during

				labour at home or in a midwife-led unit, the outcome for the women and baby could be worse than if they were in the obstetric unit with access to specialised care[15] **Health outcomes and clinical effectiveness** There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services does not improve health outcomes **Inequalities and fairness** The localities of High Peak and Dales are among the most affluent compared with other localities across Derbyshire therefore delivering additional services to these localities does not address the health needs of sub-groups of our population who have poorer than average health outcomes
2.	Closure of Corbar Birth Centre Retention of Darley Birth Centre. Retention of all antenatal and	-Non recurrent cost of public consultation exercise.	o Recurrent savings of approx £xxx a year o Wider range of choice retained for those in catchment area for Darley o The additional resources released would be available to ensure continued investment in other health services	o Refer to all risks outlined in table 2 below. o Inconsistency in approach **Cost effectiveness** The birth centres do not yield the greatest benefit relative to cost of provision as:- o Costs are in addition to the standard tariff price. I.e. Ongoing commitment of at least £xxx a year in addition to the tariff

[15] NICE 55 Intrapartum care guideline- June 2008

	postnatal care, scans and antenatal parenting in the locality.		o Would contribute towards PCT QIPP plan o No impact on antenatal and postnatal care. It only affects the births o Possible increase in homebirths o Services commissioned are felt to be high quality and meet the standards in line with the "Safer childbirth, minimum standards for the organisation and delivery of care in labour." Report prepared by the Royal College of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health. Oct 2007. o Clinical effectiveness – there is no clear evidence that difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services provides health outcomes in line with adjacent midwifery-led units	charge per birth. o No financial savings made therefore reduced likelihood of PCT achieving the QIPP target of £31 million o CRHFT has indicated that if Darley Birth Centre continues to be commissioned, the costs to the PCT may need to increase to cover increases in costs to the Trust in providing the service o PCT has finite resources and would need to look at other areas to achieve savings – these may have impact on greater number of people and potentially be even more controversial o Approximately 20-25% of mums have to be transferred to the main site in labour. This costs the PCT a further £213 per transfer **Affordability** Services are paid for in addition to the standard tariff price paid per birth and are therefore above the budget allocated via PbR. **Inequity of access** 238 of the 318 communities in the PCT are not in the catchment of Darley **Safety** If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be

				worse than if they were in the obstetric unit with access to specialised care[16] **Health outcomes and clinical effectiveness** There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services does not improve health outcomes **Inequalities and fairness** The localities of High Peak and Dales are among the most affluent compared with other localities across Derbyshire therefore delivering additional services to these localities does not address the health needs of sub-groups of our population who have poorer than average health outcomes
3.	Closure of Darley Birth Centre Retention of Corbar birth centre Retention of all antenatal and postnatal care, scans and antenatal	-Non recurrent cost of public consultation exercise.	o Recurrent savings of approx £xxx o Wider range of choice retained for those in catchment area for Corbar o The additional resources released would be available to ensure continued investment in other health services o Would contribute towards PCT QIPP plan	o Refer to risks outlined in table 2 below o Inconsistency in approach **Cost effectiveness** The birth centres do not yield the greatest benefit relative to cost of provision as:- o Costs are in addition to the standard tariff price. I.e. Ongoing commitment of at least £xxx a year in addition to the tariff charge per birth. o No financial savings made therefore reduced likelihood of PCT achieving the

[16] NICE 55 Intrapartum care guideline- June 2008

	parenting in the locality.		o No impact on antenatal and postnatal care. It only affects the births o Possible increase in homebirths o Services commissioned are felt to be high quality and meet the standards in line with the "Safer childbirth, minimum standards for the organisation and delivery of care in labour." Report prepared by the Royal College of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health. Oct 2007. o Clinical effectiveness – there is no clear evidence that difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services provides health outcomes in line with adjacent midwifery-led	QIPP target of £31 million o CRHFT has indicated that if Darley Birth Centre continues to be commissioned, the costs to the PCT may need to increase to cover increases in costs to the Trust in providing the service o PCT has finite resources and would need to look at other areas to achieve savings – these may have impact on greater number of people and potentially be even more controversial o Approximately 20-25% of mums have to be transferred to the main site in labour. This costs the PCT a further £219 per transfer **Affordability** Services are paid for in addition to the standard tariff price paid per birth and are therefore above the budget allocated via PbR. **Inequity of access** 270 of the 318 communities in the PCT are not in the catchment of Corbar **Safety** If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be

			units	worse than if they were in the obstetric unit with access to specialised care[17] **Health outcomes and clinical effectiveness** There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone units therefore retaining the services does not improve health outcomes **Inequalities and fairness** The localities of High Peak and Dales are among the most affluent compared with other localities across Derbyshire therefore delivering additional services to these localities does not address the health needs of sub-groups of our population who have poorer than average health outcomes
4.	Closure of both Darley and Corbar Birth Centres Retention of all antenatal and postnatal care, scans and antenatal parenting in the locality.	-Non recurrent cost of public consultation exercise.	**Cost effectiveness** o Closure would yield the greatest benefit relative to cost of provision and deliver recurrent savings of approx £xxx a year o These resources would be available to ensure continued investment in other health services	Refer to all risks outlined in table 2 below

[17] NICE 55 Intrapartum care guideline- June 2008

			o There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone midwife-led units[18], however the cost of stand alone units is significantly more per birth. o Effective use of resources- Staffing the centres 24/7 takes up a disproportionate amount of community midwifery time. These resources could be used more effectively to provide a more comprehensive community midwifery service for the whole of the PCT including better access to homebirths. **Equity of access** o The birth centres are only accessible to some areas of the PCT. This has resulted in an inequity in provision.	

[18] Reference: 'Making the Clinical Case for Reconfiguration Evidence Base Review' DOH 2007

			o Under this option, all women across Derbyshire will have access to the same choices **Safety** o If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be worse than if they were in the obstetric unit with access to specialised care[19]. Closing the birth centres will reduce the number of intrapartum (during labour) transfers and associated risks **Health outcomes and clinical effectiveness** There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone units therefore closing access to the birth centres does not worsen health outcomes	

[19] NICE 55 Intrapartum care guideline- June 2008

			Affordability Under this option, all birth costs would be covered by the standard tariff price paid per birth and are therefore in line with the budget allocated via Payment by Results.	

6 COMMERCIAL CASE

The PCT is currently paying both a financial lump sum (flat fee) for the additional costs of running the birth centres plus the normal (tariff) charge of an uncomplicated delivery. In approximately 23% of cases, the PCT is also funding an ambulance transfer intrapartum to the main site due to unforeseen complications.

Please note that due to the commercial sensitivity of this information, the detail in this section has been removed.

Taking into consideration the option appraisal and the commercial case, the recommended next step is to engage with the public and stakeholders to consider views on implementing option 4.

7. KEY BENEFITS OF OPTION 4

- There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone midwife-led units[20], however the cost of stand alone units is significantly more per birth.
- The birth centres are only accessible to some areas of the PCT. This has resulted in an inequity in provision.
- Closure of the birth centres would release financial resources, which could be redirected to support PCT delivery of key strategic priority areas.
- We pay both the tariff price for births and also a financial lump sum for the additional running costs of the stand alone birth centres. Due to the fact that only low risk women can give birth at Darley and Corbar birth centres, this means that the least complicated births are costing the most. Decommissioning the birth centres would deliver financial savings of approximately £xxx annually
- Staffing the centres 24/7 takes up a significant amount of community midwifery time. These resources could be used more effectively to provide a more comprehensive community midwifery service for the whole of the PCT including better access to homebirths.

[20] Reference: 'Making the Clinical Case for Reconfiguration Evidence Base Review' DOH 2007

8. KEY RISKS OF OPTION 4 AND MITIGATION PLAN

Risk score	Category
	Low risk
	Moderate risk
	High risk
	Extreme risk

Table 2

Risk	***Likelihood***	***Mitigation/Context***
There may a risk of loss of midwifery staff in the area and impact on sustainability of community based services to the area including support of home birth service.		o Modelling has been undertaken to understand whether there is sufficient capacity within the current community midwifery provision to support a potential increase in homebirths. The modelling indicates that there should be capacity. Both providers have also confirmed during discussions that they feel they have sufficient capacity to support an increase. o Providers have indicated that although the number of midwives required to provide routine antenatal/postnatal and intrapartum care would reduce from the current number, they would look to redeployment and any reductions through natural staff turnover e.g. retirement. The Trusts would not wish to make any midwives redundant.
Both units provide out of hours antenatal care and a drop-in post natal service – alternative arrangements for continued provision of these services will need to be sought and could pose a potential problem		o Both providers have given their commitment to continue to provide all antenatal and postnatal services in the locality as is currently the case o For antenatal parenting sessions, Children's centres are available in both localities affected and could be one option to be explored. For the main base, the providers will need to work with Derbyshire Community Health Services and other organisations to secure midwifery bases in the localities affected
Closure of the birth centres is likely to attract		A comprehensive communications and Public and Patient Involvement plan has

significant public opposition with associated media coverage.		been developed which aims to ensure key messages around the changes are communicated in a timely way to all those affected by the proposals. Irrespective of the plans in place however, the nature of the proposal will inevitably attract significant media attention. The Board has already accepted a comprehensive communications and PPI plan. An outline of the engagement process is attached as appendix 1
Promotion of choice in maternity services has been a key area highlighted in several health policy documents over the last few years. Closure of these units will reduce choice to the 5% of the women who choose to give birth at the centres each year		Whilst there will be some reduction of choice in the localities affected, choice is still available and is in line with what is available in most other localities across Derbyshire and nationally. Women will still be able to have the option of: • Home Birth (subject to clinical assessment to determine risk – available to all women assessed as low risk) • Birth in an adjacent midwifery-led unit offering swift access to consultant-led services if needed. There are midwife-led birthing centres which are adjacent to consultant-led units at Stepping Hill, Chesterfield Royal, Royal Derby Hospital and Macclesfield District General Hospital that women can choose to go to. • Birth in a Consultant-led maternity unit linked to neonatal unit with 24/7 obstetric and anaesthetic support
Possible risk re: capacity at local maternity providers. It is possible that providers will not have sufficient capacity within main sites to accommodate increased births from stand alone units		The total number of births across both birth centres is approx 300 a year, which is a relatively small number to be accommodated across the local providers. Both CRHFT and SFT have already indicated that they have sufficient capacity at their main sites to accommodate the potential increase. The recently refurbished birth centre at CRHFT has 12 birth rooms and increase of 4 from the previous labour ward facility. SFT has also indicated that they intend to expand the facilities at the Stockport birth centre to provide a further birthing room in 2011.
Possible increased journey times for mothers during labour.		The only potential additional travelling that this change will create is if a woman with a low-risk pregnancy chooses to give birth in one of the acute hospital's midwife-led units rather than have a home birth**.**

		Realistically, a woman in labour is not likely to take public transport to get to a hospital. Where the family has no car, this is no different from families in the PCT who live outside of the Corbar and Darley Birth Centre catchment areas and have to make a journey to hospital in labour. In these instances, women would likely call a taxi, use a mixture of friends/neighbours or, in emergency situations, call an ambulance. To get to these stand alone birth centres currently, on average, women using Corbar are already travelling 52 mins by public transport (range 6 to 109 mins) or 21 minutes by car (range 3 to 39 mins) and women using Darley are travelling on average 48 minutes by public transport (range 5 to 187mins) or 20 minutes by car (range 3 to 39 mins). Women in other areas of the PCT are already travelling 53 minutes (range 2 to 135 mins) by public transport and 21 minutes on average by car (range 3 to 41 mins) to get to their nearest maternity unit and we have had no reports of issues as a result. Therefore this is not seen as a significant risk for the low numbers using the centres.
Lack of local GP commissioner support		Initial confidential meetings have taken place with both Consortia in the areas affected. A process has been agreed for engagement with the wider group of GP practices in the Consortia Individual GPs may have a different view and where possible individual discussions to fully understand concerns of individuals will be arranged.

9. LANSLEY'S FOUR TESTS

Overview and Scrutiny process
In order to be able to progress, the PCT has to demonstrate how it meets Lansley's four tests as outlined in the NHS operating framework for 2010-11. If the PCT were to proceed with option 4, the PCT would need to demonstrate that it has met the four tests. The PCT current position against these is outlined below.

1. Support from GP commissioners

Informal discussions have taken place with the GP consortia affected. Formal discussions will take place through the new GP Consortia/locality structure in June, and throughout the engagement period as required.

2. Public/Patient Engagement

The Board has already accepted a comprehensive communications and PPI plan. An outline of the engagement process is attached as appendix 1 (please refer to appendix I). The plan includes a period of pre-engagement to ensure a wide range of stakeholders have an opportunity to feed into the discussions. The outcome of this public pre-engagement and discussions with GP commissioners will inform a 12-week formal engagement period. Part of the purpose of the formal engagement period would be to identify all the concerns. At the end of this period, the PCT Board would then reach its decision taking into consideration all the evidence.

If the PCT Board were to decide that the proposal should still go ahead, the PCT would seek to put solutions in place to mitigate against concerns raised (where this is possible). The PCT would also work with providers to ensure positive elements of the existing units are replicated in the main units.

3. Clarity on clinical effectiveness base

- There is no clear evidence that there is a difference in outcomes between adjacent midwife-led units and stand alone midwife-led units[21], however the cost of stand alone units is significantly more per birth.

- The available information suggests that among women who plan to give birth either at home or within a midwife- led unit there is a higher likelihood of a normal birth, with less intervention.[22]

- Clinical outcomes in low-risk pregnancies are not affected by the type of delivery setting, however satisfaction levels are much higher with community-based settings.[1]

- Where complications arise, treating women and their babies in specialist treatment centres with a fully equipped neonatal unit improves outcomes due to: (a) increased experience available in tertiary centres, and (b) the negative effects of transferring newborn babies.

[21] Reference: 'Making the Clinical Case for Reconfiguration Evidence Base Review' DOH 2007

[22] Ref: NICE Guidance Intrapartum Care – June 2008

The intrapartum transfer (transfer in labour) rate in two studies was 12% and 25%[4]. Recent figures from Corbar show transfer rates averaging around 23%. Figures from Darley Dale are in line with this. This means that in nearly a quarter of cases mothers are transferred in labour with all the complications and risks in line with this.

- A transfer from an FMU (Freestanding Midwifery Unit) will probably involve a car or ambulance and possibly the need for a midwife to accompany the woman. This therefore means a second midwife will be required to manage the unit. Where a transfer from an AMU (Alongside Midwifery Unit) will normally just involve being moved on a bed from one room to another or possibly between buildings on a hospital site.[23]

- Many studies have shown that home birth can be reasonably safe in selected low-risk women although the Royal College of Obstetrics and Gynaecology continues to advise that complications are often unpredictable and women should be told that help may be further away in the case of unexpected events. If something goes unexpectedly wrong during labour at home or in a midwife-led unit, the outcome for the women and baby could be worse than if they were in the obstetric unit with access to specialised care. The National Perinatal Epidemiology Units is currently conducting further research into the relative safety of stand alone midwifery birth units.[24]

- A number of good quality randomised control trials (RCTs) have been undertaken internationally looking at Alongside Midwifery Units. Included in the review of the RCTs there were 39 different outcome measures. Overall these measures indicated that the use of pain relief, likelihood of intervention, use of labour augmenting drugs etc were comparable with a home birth setting.[25]

- There is a lack of good quality evidence available on maternal and baby outcomes for stand alone midwife-led units[3]

- There is a lack of good quality information comparing the outcomes for stand alone midwife-led units versus adjacent units[3]

4. Consistency with current and prospective patient choice

Under the review, if the birth centres were to close, choice would still remain and would be in line with what is available in most other localities across Derbyshire. Women will still be able to have the option of:

- Home Birth (subject to clinical assessment to determine risk – available to all women assessed as low risk)

[23] Ref: Towards better births – A review of maternity services in England Healthcare Commission 2008

[24] Ref: VP Argent: Patient safety, Pre-hospital risks of the reconfiguration of obstetric services. 2010

[25] Ref: Hodnett ED. Home –like versus conventional institutional settings for birth (Cochrane Review). In: The Cochrane Library, Issue3, 2004.

- Birth in an adjacent midwifery-led unit offering swift access to consultant-led services if needed. There are midwife-led birthing centres which are adjacent to consultant-led units at Stepping Hill, Chesterfield Royal, Royal Derby Hospital and Macclesfield District General Hospital.
- Birth in a Consultant-led maternity unit linked to neonatal unit with 24/7 obstetric and anaesthetic support

The position with other services is as follows:

a) Antenatal classes
These would continue to be offered in the localities affected albeit at possibly a different location.

b) breastfeeding support
Both Darley and Corbar are covered by a volunteer support led by the Health Visiting provision. These services complement the breast feeding support offered by core health visiting and midwifery services and there is no plan to change where or how these services are currently offered. In short, the volunteer breast support services will still be there no matter where a woman chooses to have her baby.

c) glucose tolerance tests
The PCT would continue to commission this service to be provided locally.

d) general antenatal and postnatal checks
The PCT would continue to commission these services to be provided locally.

e) 1:1 care throughout the labour and birthing process
The PCT would continue to commission a workforce that meets the standards required and in line with "Safer Childbirth, Minimum standards for the organisation and delivery of care in labour" Report prepared by the Royal Colleges of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health Oct 2007.

f) provides a drop in service outside normal working hours
The PCT would continue to commission services in line with "Maternity Matters" [26]and would expect providers to continue to provide this service. For patients, this means that some out of hours drop-in clinics would be available.

g) Scans
These are currently provided at Buxton hospital and CRHFT.
There are no plans to change where scans will be offered therefore the choice would remain unchanged.

[26] Maternity matters: choice, access and continuity of care in a safe service. DOH. 2007

10. CURRENT AND POSSIBLE FUTURE SERVICE MODELS IF OPTION 4 SUPPORTED

SERVICE MODELS

SERVICE	CURRENT PROVISION COMMISSIONED	PROVISION COMMISSIONED UNDER OPTION 4
Antenatal parenting classes	Currently available at birth centres and other settings	These would continue to be offered in the localities affected albeit at possibly a different location.
Intrapartum care (care during labour)	Care during labour is provided in line with Royal College guidance at a range of choices across the locality including the two birth centres and for home births.	Care during labour would continue to be provided in line with Royal College guidance across a range of choices across the locality and for home births.
Breastfeeding support	Both Darley and Corbar are covered by volunteer support led by the Health Visiting provision. These services complement the breast feeding support offered by core health visiting and midwifery services	No plan to change provision
Glucose tolerance tests	These are provided locally at the Cavendish Hospital in Buxton and Darley Birth Centre	The PCT would continue to commission this service to be provided locally.
General antenatal and postnatal checks	These are provided in a variety of locations including the birth centres, children's centres and the women's home.	The PCT would continue to commission these services to be provided locally with a number of options available including the midwifery base, children's centres and the women's home
Drop in service outside normal working hours	Currently available at both birth centres	The PCT would continue to commission drop-in provision therefore it is anticipated that some out of hours drop-in clinics would be available.
Scans	These are currently provided at Buxton hospital and Chesterfield Royal Hospital.	There are currently no plans to change where scans will be offered therefore the choice would remain unchanged.

11. ACHIEVABILITY

There is a detailed project plan in place that identifies the key milestones that need to be achieved in order to keep the project on plan.

Summary of key milestones:

Key actions	When	Who by	To whom	Status
Review of stand alone birth centres put forward as potential QIPP scheme	September 2010	PCT Children's and Maternity Commissioning Group	PCT QIPP delivery group	Completed
Full Quality impact assessment and EIRA	10.11.10	PCT Programme lead and public health lead– maternity services	PCT QIPP delivery group	Completed
Initial Board report outlining the case	December Board meeting	Assistant Director Commissioning	Confidential session at Board meeting	Completed
2nd Board report to present Communications and PPI plan	March Board meeting	Director of Commissioning	Confidential session at Board meeting	Completed
Informal presentation to Overview and Scrutiny Committee (OSC)	12 May 2011	Assistant Director Commissioning	OSC	Completed
Discussion of findings of review at confidential board meeting	25.5.11Board meeting	Director of Commissioning	Confidential session at Board meeting	Completed
Board meeting to launch pre-engagement and possible full formal engagement	25.5.11Board meeting	Director of Commissioning	Public Board meeting	Completed
Pre-engagement	25th May – early July	Stand alone birth centre project team	All key stakeholders	
Formal presentation to OSC	July	Medical Director	OSC	
Launch of formal engagement period	August to October	PPI/Comms leads	All key stakeholders	
Board decision	November Board meeting	Board	Board members	

The timeframes within the project plan are challenging but felt to be achievable by the project team leading the work.

Appendix 1

BIRTH CENTRES REVIEW 2011

ENGAGEMENT PROCESS

The review

NHS Derbyshire County has reviewed the provision of stand alone birth centres in Buxton (Corbar Birth centre) and Matlock (Darley Birth Centre). The current services at Darley and Corbar are not offering value for money. There is an extra cost to women who choose to give birth at Darley and Corbar. Because only low-risk women can give birth at Darley and Corbar, the fact that the PCT is paying both a financial lump sum and the tariff price per birth means the least complicated births are costing the most.

Furthermore, there is no evidence to show that giving birth in a birth centre is safer than a home birth, nor more clinically effective. And, the location of the centres means that this service is not available equitably to all of the county's patients.

Requirements for engagement

There are two elements to consider when deciding on an engagement process: the NHS Act 2006, and Andrew Lansley's 'Four Tests'.

Section 242(1B) of the NHS Act 2006 states:

"[PCTs] must make arrangements… which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in –
a) the planning of the provision of those services,
b) the development and consideration of proposals for changes in the way those services are provided, and
c) decisions to be made by that body affecting the operation of those services."

It is up to the PCT to determine what form the involvement should take. This should be proportionate and appropriate.

Secretary of State Andrew Lansley has subsequently identified four tests to be applied to each proposed NHS reconfiguration, as follows:

1. GP Commissioning support
2. Public/Patient Involvement
3. Clinical Effectiveness
4. Promoting patient choice

The Process for the Birth Centres Review

The PCT Board agreed to go ahead with the review at its meeting on 25th May, meaning that the next stage of the engagement process can begin. This will not be a consultation, as stakeholders and the public will not be asked whether or not the centres should remain open. The process is to ascertain views, concerns and alternative suggestions to inform the final decision. The engagement questions have been refined following the Board meeting as follows:

1. If you have experienced the birth centres services, what did you particularly value about the service you received?

2. Whether or not you have used the centres, do you have any comments on either the services themselves, or the PCT's funding of these services?

3. If either or both of the centres were to close, what would your concerns be, and what could we do to address your concerns?

Respondents will also be asked whether they have experienced the services in question, and where they live. It is also good practice to include monitoring data (age, ethnicity etc.)
The engagement process will be as follows.

Pre-engagement phase one: up to 25th May 2011

This involved:

- discussions with the two GP Consortia covering the locations of the centres
- informing staff at the centres
- informing local MPs of the proposal
- a confidential briefing for the OSC.

Pre-engagement phase two: up to 20th July 2011

This phase follows approval to continue from the PCT Board, and involves:

- communication with key stakeholders to invite their initial comments
- meetings with the local MSLCs
- development of formal engagement document
- discussion at QIPP Lay Reference Group
- presentation to the OSC to seek approval of the process

Formal engagement: from 1st August to 23rd October 2011

The formal engagement will last for 12 weeks. The engagement document will be informed by the comments from stakeholders collected as part of phase two, and feedback from the QIPP Lay Reference Group and the OSC. The formal engagement process will involve:

- wide distribution of the engagement document throughout the county
- an on-line version of the document
- media releases
- public meetings.

As well as managing this process, the PCT is also prepared to respond to interest from the media, politicians, pressure groups and so on.

Debbie Jackson
Assistant Director of Communications

May 2011

Appendix 2

Impact of changes in the provision of maternity services at Corbar and Darley maternity units

Introduction

The aim of this report is to understand the likely impact of changes in maternity services at Corbar and Darley Maternity Units in respect of access by public transport and car. The report does not attempt to comment on the issues for and against these changes other than their public and car transport implications. The report uses data originally collected for the County and City PCT report on travel to health facilities which was produced in 2009. This came from public transport timetables current in 2006 with limited updating. This has been augmented by the calculation of journeys from more communities to both hospitals. In addition a number of journeys to Chesterfield Royal have been calculated in parts of the Derbyshire Dales where this is one of three DGHs which provide maternity care, in the original report journeys to the Royal were mainly calculated for the old North Derbyshire Health Authority area. Journeys from Roston, Thurvaston Marston Montgomery and Cubley to Queens Hospital in Burton on Trent have also been added to the database. The travel to health work has always made a number of assumptions about routing, walking time between stops, etc for a detailed explanation of these issues see the main report. It has involved the calculation of journeys from communities in Derbyshire to health facilities for arrival in the morning through to lunchtime with a return the same day. In general the areas where public transport is a problem are

1) South of Ashbourne where a number of villages no longer have daily bus services (see below)
2) Between Bakewell and Buxton where services are very limited off the A6.
3) Journeys to second and subsequent choices of District General Hospital due to greater distances and in some cases a lack of a return service the same day
4) Journeys in the evenings and on Sundays where public transport services are less frequent.

A brief update on public transport service changes from 2006 was produced in 2010; a copy is available from the writer of this report.

Journeys to Corbar Maternity Unit in Buxton Hospital

Journeys were mainly calculated in the High Peak Borough but some journeys were also calculated in parts of Derbyshire Dales such as the corridor down towards Hartington and Ashbourne. The Glossop area which is in Tameside & Glossop PCT is not included in this or any of the other data for this report. There is thus some overlap with the area covered by Darley Maternity Unit. A total of 48 communities were included, in one community (Flagg) the journey could not be undertaken by public transport. The mean journey time by public transport was 52 minutes with a range from 6 to 109 minutes. Eleven journeys could be done without a change, 26 needed one change and ten needed two changes. The mean time by car was 21 minutes with a range from 3 to 39 minutes. The mean mileage was 10.3 with a range from 1.2 to 20.1 miles.

Journeys to Darley Maternity Unit in Whitworth Hospital

Journeys were calculated for Derbyshire Dales from Ashbourne northwards including the area to Hulland and beyond. Some journeys in High Peak were also calculated as were some in North East Derbyshire and Amber Valley close to Matlock. A total of 80 communities were included. The mean journey time by public transport was 48 minutes with a range from 5 to 187 minutes. In six Alderwasley, Aldwark, Alton, Atlow, Kirk Ireton and Shottle the journey could not be made by public transport. Twenty eight journeys could be done without a change, 36 needed one change and ten needed two changes. The mean time by car was 20 minutes with a range from 3 to 39 minutes. The mean distance to the hospital by road using the quickest route was 8.9 miles with a range from 1.1 to 18.1 miles.

Journeys to the nearest DGH providing full maternity care

Data on this has been looked at in three ways

1) For those communities which were in the catchment area of neither Darley nor Corbar units. 206 communities across the rest of Derbyshire fell into this category. The definition used here is the district council areas so for example Melbourne appears in the County although it is part of NHS Derby City. This methodology has always been used for the travel to health work in the absence of any clearly defined boundaries for the former Greater Derby PCT. Thirty two communities could not access a DGH by public transport, please see appendix 2 for the listing of these. Forty two communities could reach the hospital without a change, in 120 cases the journey needed one change and in twelve communities the journey required two changes. The

mean journey time by public transport was 53 minutes with a range of 2 to 135 minutes. The mean journey time by car was21 minutes with a range from 3 to 41 minutes. The mean mileage was 7.6 miles with a range from 0.7 to 19.3 miles. The mean time was 21 minutes with a range from 3 to 41 minutes.

2) Across all 318 communities in the area of NHS Derbyshire County. In this case 40 communities could not access the hospital by public transport a list of all the communities where public transport is not available is given as appendix 2. The mean journey time for journeys by public transport was 64 minutes with a range from 2 to 177 minutes. Fifty one journeys could be completed without a change, 162 needed one change, 63 needed two changes and two required three changes. The mean journey time by car was 25 minutes with a range from 3 to 53 minutes. The mean mileage was 9.8 miles with a range from 0.7 to 22.9 miles.
3) For the catchment of Corbar and Darley only; the mean journey time by public transport was 83 minutes with a range from 21 to 177 minutes. Nine of the journeys could be completed without a change, 42 needed one change, 51 needed two changes and 2 required three changes. Eight communities could not access a DGH by public transport; these were Alderwasley, Aldwark, Alton, Atlow, Flagg, Kirk Ireton, Sheldon and Shottle. The mean mileage was 13.9 miles, with a range from 6.3 to 22.9 miles. The mean time by car was 32 minutes with a range from 14 to 53 minutes.
4)

Journeys to second closest DGHs providing full maternity services

This information and that on the third closest is given to give an idea of the impact of choice on travel times and accessibility. In both cases data for all 318 communities has been used. The mean journey time by public transport was 89 minutes with a range from 16 to 232 minutes. Fourteen of the journeys could be undertaken by public transport, 134 required one change, 109 required two changes and 14 required three changes.47 communities could not access this second DGH by public transport. The mean travel time by car was 34 minutes, with a range from 14 to 65 minutes. The mean mileage was 14.7 miles with a range from 6.0 to 33.5 miles.

Journeys to third closest DGHs providing full maternity services

The mean journey time by public transport was 108 minutes with a range from 11 to 228 minutes. Seven of the journeys could be undertaken by public transport, 115 required one change, 138 required two changes and 12 required three changes.46 communities could not access this third DGH by public transport. The mean travel time by car was 44 minutes, with a range from 23 to 72 minutes. The mean mileage was 21.1 miles with a range from 10.1 to 37.8 miles.

Comparisons

The table below shows the mean journey times by car and public transport (where available) to the nearest DGH (all communities), Corbar and Darley.

Table 1

Unit	Mean journey time by public transport	Range	Mean journey time by car	Range
Corbar	52	6-109	21	3-39
Darley	48	5-187	20	3-39
Nearest DGH (Corbar and Darley only)	83	21-177	32	14-53
Nearest DGH (Other communities)	53	2-135	21	3-41
Nearest DGH (All communities)	64	2-177	25	3-53
2nd nearest DGH (All communities)	89	12-232	34	14-65
3rd nearest DGH (All communities)	108	11-228	44	23-72

Conclusions

1) Corbar and Darley maternity units have provided a valued service to families within their areas for many years.
2) This report only comments on two aspects of the proposed changes; travel to these units and the nearest DGH providing full maternity services.
3) Travel times to Corbar and Darley by car and public transport are similar to travel times from communities in the rest of Derbyshire to the nearest DGH providing full maternity care in the rest of care.
4) However changing the services at these two units will significantly increase journey times for women and their relatives who use them if their care is now at their nearest DGH.

5) There are a number of communities which do not have public transport access to Darley and Corbar units; more do not have access to their nearest DGH providing maternity services. This pattern is repeated to greater effect at the second and third closest DGHs.
6) Neither Corbar nor Darley serve the area south of Ashbourne where there is no daily public transport and irrespective of any changes proposed consideration needs to be given to access issues for women who do not have a car.

Mick Bond
Research Manager

Appendix 1 journey times and mileages to nearest DGH providing maternity services, Corbar and Darley maternity units

Name of community	Nearest DGH with maternity services	Journey time to nearest DGH by public transport	Changes on public transport	Can journey be undertaken by public transport	Mileage By AA Autoroute	Time by AA Autoroute	In Corbar area?	Public transport available to Corbar?	Time to Corbar by public transport	Changes on public transport to Corbar	Mileage to Corbar by public transport	Time by car to Corbar	In Darley catchment area?	Public transport to Darley?	Time by public transport to Darley	Changes on public transport to Darley	Mileage to Darley	Time by car to Darley	Difference in time nearest DGH maternity unit to Darley by car	Difference in time nearest DGH maternity unit to Corbar by car	Difference in time nearest DGH maternity unit to Darley by public transport	Difference in time nearest DGH maternity unit to Corbar by public transport
Aldercar	Nottingham City Hospital	135	2	Yes	9.8	25																
Alderwasley	Kings Mill Hospital			No	17.4	32							Yes	No			8.2	18	14			
Aldwark	Chesterfield Royal			No	17.6	41							Yes	No			7.8	18	23			
Alfreton	Kings Mill Hospital	37	0	Yes	7.8	18																
Alkmonton	Queen's Hospital Burton on Trent			No	10.4	28																
Alsop en le Dale	Derby City General	121	2	Yes	21.4	45	Yes	Yes	42	0		22								23		79
Alton	Chesterfield Royal			No	7.0	22							Yes	No			6.9	21	1			
Ambaston	Derby City General			No	9.9	29																
Ambergate	Kings Mill Hospital	92	1	Yes	14.1	24							Yes	Yes	20	0	9.4	18	6		72	
Apperknowle	Chesterfield Royal	29	1	Yes	6.9	21																
Arkwright Town	Chesterfield Royal	6	0	Yes	2.2	7																
Ashbourne	Derby City General	91	1	Yes	13.4	29							Yes	Yes	72	1	16.9	34	-5		19	
Ashford in the Water	Chesterfield Royal	76	2	Yes	15.0	35	Yes	Yes	58	1	10.8	20	Yes	Yes	22	0	8.6	18	17	15	54	18

Ashgate	Chesterfield Royal	23	0	Yes	3.5	15															
Ashleyhay	Derby City General	85	1	Yes	13.8	32							Yes	Yes	37	0	7.7	20	12		48	
Ashover	Chesterfield Royal	73	2	Yes	8.6	22							Yes	Yes	45	2	5.2	17	5		28	
Aston	Royal Hallamshire	70	1	Yes	14.0	28	Yes	Yes	65	1	13.5	29								-1		5
Aston on Trent	Derby City General	61	1	Yes	9.4	29																
Atlow	Derby City General			No	15.0	38							Yes	No			12.2	31	7			
Bakewell	Chesterfield Royal	67	1	Yes	14.0	32							Yes	Yes	15	0	6.9	13	19		52	
Bamford	Royal Hallamshire	64	1	Yes	12.0	22	Yes	Yes	98	2	15.1	30								-8		-34
Barlborough	Bassetlaw General	72	1	Yes	8.7	20																
Barlow	Chesterfield Royal	52	1	Yes	5.8	16																
Barrow Hill	Chesterfield Royal	31	1	Yes	4.4	20																
Barrow on Trent	Derby City General	68	1	Yes	7.0	21																
Baslow	Chesterfield Royal	42	1	Yes	9.8	23							Yes	Yes	24	0	8.4	17	6.0		18	
Beeley	Chesterfield Royal	129	2	Yes	14.0	32							Yes	Yes	11	0	4.5	10	22.0		118	
Belper	Derby City General	61	1	Yes	9.3	24							Yes	Yes	27	0	12.7	26	-2.0		34	
Biggin	Derby City General	130	2	Yes	22.9	46	Yes	Yes	32	0	12.6	23								23		98
Birch Vale	Stepping Hill	37	0	Yes	8.5	18	Yes	Yes	55	1	12.0	26								-8		-18
Birchover	Chesterfield Royal	138	2	Yes	13.9	38							Yes	Yes	27	0	4.1	14	24.0		111	
Birdholme	Chesterfield Royal	31	1	Yes	2.4	8																
Blackwell	Kings Mill Hospital	36	0	Yes	6.4	17																
Bolsover	Chesterfield Royal	17	0	Yes	5.1	12																
Bonsall	Chesterfield Royal	82	2	Yes	14.2	38							Yes	Yes	40	1	4.3	15	23.0		42	
Borrowash	Derby City General	44	1	Yes	7.1	21																
Boylestone	Queen's Hospital Burton on Trent			No	9.3	27																
Brackenfield	Chesterfield Royal	82	2	Yes	11.5	31							Yes	Yes	49	1	6.6	18	13.0		33	
Bradbourne	Derby City General	131	2	Yes	19.3	43							Yes	Yes	70	1	11.8	27	16.0		61	
Bradley	Derby City General	61	1	Yes	12.5	31																
Bradwell	Royal Hallamshire	72	1	Yes	15.3	30	Yes	Yes	62	2	13.1	26								4		10
Brailsford	Derby City General	74	1	Yes	7.5	17																
Bramley Vale	Chesterfield Royal	49	1	Yes	6.7	14																
Brampton	Chesterfield Royal	37	1	Yes	3.3	12																
Brassington	Chesterfield Royal	117	3	Yes	19.3	44							Yes	Yes	65	1	9.6	21	23		52	
Breadsall	Derby City General	64	1	Yes	5.7	18																
Breaston	Queen's Medical Centre	42	0	Yes	7.7	27																
Bretby	Queen's Hospital Burton on Trent			No	5.4	19																
Brimington	Chesterfield Royal	8	0	Yes	2.4	11																
Brough	Royal Hallamshire	74	1	Yes	14.0	28	Yes	Yes	64	1	13.6	28								0		10
Brownedge	Macclesfield DGH	93	2	Yes	14.0	35	Yes	Yes	15	0	2.3	9								26		78
Burbage	Macclesfield DGH	50	1	Yes	10.7	28	Yes	Yes	25	1	1.8	6								22		25
Burlow	Macclesfield DGH	103	2	Yes	13.6	34	Yes	Yes	6	0	2.4	11								23		97
Burnaston	Derby City General	4	0	Yes	3.8	10																
Buxton	Macclesfield DGH	60	1	Yes	13.0	30	Yes	Yes	7	0	1.2	3								27		53
Caldwell	Queen's Hospital Burton on Trent	68	1	Yes	7.1	24																

Calke	Queen's Hospital Burton on Trent			No	11.6	35																
Callow	Derby City General			No	14.3	37																
Calow	Chesterfield Royal	2	0	Yes	0.7	3																
Calver	Royal Hallamshire	64	1	Yes	11.6	27							Yes	Yes	29	0	10.1	21	6.0		35	
Carsington	Derby City General	141	2	Yes	17.2	41							Yes	Yes	57	1	8.2	21	20		84	
Castle Gresley	Queen's Hospital Burton on Trent	54	1	Yes	6.4	21																
Castleton	Royal Hallamshire	83	1	Yes	16.2	32	Yes	Yes	72	1	10.9	23								9		11
Chapel en le Frith	Stepping Hill	40	0	Yes	12.4	29	Yes	Yes	45	1	7.4	19								10		-5
Chelmorton	Macclesfield DGH	113	2	Yes	17.3	39	Yes	Yes	42	1	5.0	13								26		71
Chesterfield (town centre)	Chesterfield Royal	7	0	Yes	1.6	6																
Chinley	Stepping Hill	81	1	Yes	10.3	20	Yes	Yes	73	1	8.9	21								-1		8
Church Broughton	Queen's Hospital Burton on Trent			No	7.3	21																
Church Gresley	Queen's Hospital Burton on Trent	56	1	Yes	6.9	22																
Church Wilne	Queen's Medical Centre			No	9.4	33																
Clay Cross	Chesterfield Royal	42	1	Yes	6.6	18							Yes	Yes	82	1	9.4	22	-4		-40	
Clifton	Derby City General	81	2	Yes	14.3	31																
Clowne	Chesterfield Royal	62	1	Yes	7.9	19																
Coal Aston	Royal Hallamshire	63	1	Yes	5.8	21																
Codnor	Nottingham City Hospital	118	1	Yes	11.3	26																
Cotmanhay	Nottingham City Hospital	92	1	Yes	8.4	30																
Coton in the Elms	Queen's Hospital Burton on Trent	70	1	Yes	9.2	30																
Cressbrook	Chesterfield Royal	93	2	Yes	18.0	43	Yes	Yes	63	2	10.7	25	Yes	Yes	36	1	11.6	25	18	18	57	30
Creswell	Bassetlaw General	15	0	Yes	7.0	19																
Crich	Kings Mill Hospital	72	1	Yes	13.0	27							Yes	Yes	42	1	8.6	18	9		30	
Cromford	Chesterfield Royal	98	2	Yes	14.1	32							Yes	Yes	15	0	4.1	9	23		83	
Cubley	Derby City General			No	12.7	34																
Curbar	Chesterfield Royal	44	1	Yes	11.8	28							Yes	Yes	27	0	9.6	20	8		17	
Cutthorpe	Chesterfield Royal	42	1	Yes	4.8	16																
Dalbury	Derby City General			No	7.0	20																
Dale Abbey	Derby City General	36	1	Yes	9.0	25																
Darley Dale	Chesterfield Royal	77	2	Yes	10.8	26							Yes	Yes	5	0	1.1	3	23		72	
Denby	Derby City General	71	2	Yes	11.6	30																
Dethick	Chesterfield Royal	121	2	Yes	13.1	34							Yes	Yes	48	1	5.8	16	18		73	
Dove Holes	Stepping Hill	36	0	Yes	13.9	30	Yes	Yes	36	1	4.5	10								20		0
Doveridge	Queen's Hospital Burton on Trent	90	1	Yes	11.4	31																
Draycott	Derby City General	46	1	Yes	8.7	24																

Dronfield	Royal Hallamshire	70	1	Yes	7.0	22															
Dronfield Woodhouse	Royal Hallamshire	61	1	Yes	7.5	27															
Duckmanton	Chesterfield Royal	10	0	Yes	3.7	12															
Duffield	Derby City General	54	1	Yes	6.4	18															
Earl Sterndale	Macclesfield DGH	106	2	Yes	17.4	39	Yes	Yes	8	0	5.2	11								28		98
Eckington	Chesterfield Royal	56	1	Yes	8.3	22																
Edale	Stepping Hill	87	1	Yes	17.9	40	Yes	Yes	85	2	12.5	29								11		2
Edensor	Chesterfield Royal	58	2	Yes	11.7	27							Yes	Yes	19	0	6.6	13	14		39	
Egginton	Queen's Hospital Burton on Trent	52	1	Yes	4.8	18																
Elmton	Chesterfield Royal	73	1	Yes	8.2	23																
Elton	Chesterfield Royal	128	2	Yes	15.1	38							Yes	Yes	19	0	5.3	15	23		109	
Elvaston	Derby City General	58	1	Yes	8.3	23																
Etwall	Derby City General	12	0	Yes	5.1	14																
Eyam	Royal Hallamshire	70	1	Yes	12.2	30	Yes	Yes	65	2	14.5	30	Yes	Yes	51	1	12.3	27	3	0	19	5
Fairfield	Macclesfield DGH	90	2	Yes	14.5	36	Yes	Yes	19	0	2.2	8								28		71
Fenny Bentley	Derby City General	105	2	Yes	16.0	34	Yes	Yes	79	1	17.3	26	Yes	Yes	89	2	14.9	29	5	8	16	26
Findern	Derby City General	55	1	Yes	4.6	13																
Flagg	Macclesfield DGH			No	19.4	48	Yes	No			8.3	21	Yes	Yes	18	0	12.4	29	19	27		
Foolow	Royal Hallamshire	77	1	Yes	14.3	33	Yes	Yes	57	1	12.6	25	Yes	Yes	99	2	13.7	26	7	8	-22	20
Foston	Queen's Hospital Burton on Trent	79	1	Yes	6.9	20																
Froggatt	Royal Hallamshire	67	1	Yes	10.0	26							Yes	Yes	30	0	11.7	24	2		37	
Furness Vale	Stepping Hill	24	0	Yes	7.3	15	Yes	Yes	38	1	9.8	22								-7		-14
Glapwell	Kings Mill Hospital	37	1	Yes	6.7	17																
Grangewood Farm	Chesterfield Royal	31	1	Yes	3.2	13																
Grassmoor	Chesterfield Royal	32	1	Yes	3.7	13																
Great Hucklow	Chesterfield Royal	69	2	Yes	17.1	38	Yes	Yes	57	1	11.5	24								14		12
Great Longstone	Chesterfield Royal	80	2	Yes	14.6	36							Yes	Yes	39	1	10.2	22	14		41	
Great Wilne	Derby City General	50	1	Yes	9.4	29																
Grindleford	Royal Hallamshire	60	1	Yes	9.1	23							Yes	Yes	34	0	12.6	26	-3		26	
Hartington	Chesterfield Royal	177	3	Yes	22.6	53	Yes	Yes	47	0	12.7	23	Yes	Yes	187	2	12.9	30	23	30	-10	130
Hartshorne	Queen's Hospital Burton on Trent	93	1	Yes	7.9	23																
Hasland	Chesterfield Royal	25	1	Yes	2.2	8																
Hathersage	Royal Hallamshire	45	1	Yes	10.2	25	Yes	Yes	109	2	16.6	33	Yes	Yes	109	2	14.9	32	-7	-8	-64	-64
Hatton	Queen's Hospital Burton on Trent	74	1	Yes	4.4	13																
Hayfield	Stepping Hill	40	0	Yes	9.5	20	Yes	Yes	58	1	11.1	23								-3		-18
Hazelwood	Derby City General	96	2	Yes	9.0	26																
Heage	Kings Mill Hospital	50	1	Yes	13.0	24																
Heanor	Nottingham City Hospital	91	1	Yes	9.8	27																
Heath	Chesterfield Royal	42	1	Yes	5.7	15																

Higham	Chesterfield Royal	43	1	Yes	9.4	23							Yes	Yes	74	1	9.8	22	1		-31	
Hilcote	Kings Mill Hospital	37	1	Yes	5.3	12																
Hilton	Queen's Hospital Burton on Trent	71	1	Yes	6.6	17																
Hodthorpe	Bassetlaw General	37	1	Yes	4.8	16																
Hognaston	Derby City General	121	2	Yes	15.5	41							Yes	Yes	80	1	10.8	26	15		41	
Holbrook	Derby City General	50	1	Yes	9.0	25																
Hollington	Derby City General			No	10.2	26																
Hollingwood	Chesterfield Royal	24	1	Yes	3.5	15																
Holloway	Chesterfield Royal	123	2	Yes	14.4	39							Yes	Yes	36	1	6.6	21	18		87	
Holme Hall	Chesterfield Royal	26	0	Yes	4.6	18																
Holmesfield	Royal Hallamshire	132	2	Yes	7.5	25																
Holmewood	Chesterfield Royal	38	1	Yes	6.9	16																
Holymoorside	Chesterfield Royal	49	1	Yes	5.7	18																
Hope Village	Royal Hallamshire	79	1	Yes	14.6	28	Yes	Yes	67	1	12.4	25								3		12
Horsley	Derby City General	68	1	Yes	8.1	24																
Horsley Woodhouse	Derby City General	79	1	Yes	10.3	24																
Hulland	Derby City General	58	1	Yes	11.8	32							Yes	Yes	57	1	14.2	33	-1		1	
Hulland Ward	Derby City General	56	1	Yes	12.8	30							Yes	Yes	55	1	14.7	32	-2		1	
Hurst Farm Matlock	Chesterfield Royal	67	2	Yes	11.2	26							Yes	Yes	30	1	2.5	9	17		37	
Idridgehay	Derby City General	81	1	Yes	11.9	31							Yes	Yes	40	0	9.7	24	7		41	
Ilkeston	Queen's Medical Centre	71	1	Yes	7.9	24																
Inkersall	Chesterfield Royal	34	1	Yes	4.4	16																
Ironville	Kings Mill Hospital	63	0	Yes	8.5	21																
Kedleston	Derby City General	44	1	Yes	7.5	24																
Kilburn	Derby City General	71	1	Yes	9.0	21																
Killamarsh	Rotherham DGH	54	0	Yes	7.9	19																
King Sterndale	Macclesfield DGH	131	2	Yes	15.8	36	Yes	Yes	30	1	3.5	9								27		101
Kirk Hallam	Queen's Medical Centre	30	0	Yes	8.2	25																
Kirk Ireton	Derby City General			No	13.3	34							Yes	No			9.9	26	8			
Kirk Langley	Derby City General	68	1	Yes	4.9	13																
Kniveton	Derby City General	112	2	Yes	16.8	38							Yes	Yes	87	1	11.4	25	13		25	
Langley Mill	Nottingham City Hospital	69	1	Yes	8.8	23																
Langwith	Chesterfield Royal	48	0	Yes	8.9	21																
Lea	Chesterfield Royal	121	2	Yes	13.5	36							Yes	Yes	48	1	6.3	18	18		73	
Leabrooks	Kings Mill Hospital	71	0	Yes	8.8	19																
Lees	Derby City General			No	6.4	17																
Linton	Queen's Hospital Burton on Trent	47	1	Yes	7.0	25																
Little Eaton	Derby City General	43	1	Yes	5.4	15																
Little Longstone	Chesterfield Royal	82	2	Yes	16.7	39							Yes	Yes	41	1	10.3	21	18		41	
Litton	Royal Hallamshire	88	1	Yes	15.9	37	Yes	Yes	80	2	9.6	20								17		8
Long Eaton	Queen's Medical Centre	27	0	Yes	5.6	20																

Longford	Derby City General			No	9.2	22																
Loscoe	Nottingham City Hospital	81	1	Yes	12.5	30																
Lullington	Queen's Hospital Burton on Trent			No	9.8	34																
Mackworth	Derby City General	64	1	Yes	3.1	10																
Mapleton	Derby City General	106	2	Yes	16.5	37	Yes	Yes	55	0	20.1	39	Yes	Yes	137	2	17.5	37	0.0	-2	-31	51
Mapperley	Queen's Medical Centre	81	2	Yes	10.0	28																
Marsh Lane	Chesterfield Royal	46	1	Yes	8.4	21																
Marston Montgomery	Queen's Hospital Burton on Trent			No	13.8	35																
Mastin Moor	Chesterfield Royal	48	1	Yes	7.2	17																
Matlock	Chesterfield Royal	52	1	Yes	11.6	28							Yes	Yes	5	0	1.6	4	24		47	
Matlock Bath	Chesterfield Royal	87	2	Yes	13.1	30							Yes	Yes	12	0	3.2	7	23		75	
Melbourne	Derby City General	72	1	Yes	9.2	28																
Mercaston	Derby City General			No	8.8	22																
Middleton (Wirksworth)	Chesterfield Royal	75	2	Yes	16.2	38							Yes	Yes	22	0	6.2	15	23		53	
Middleton by Youlgreave	Chesterfield Royal	102	2	Yes	18.1	46							Yes	Yes	45	1	8.4	22	24		57	
Midway	Queen's Hospital Burton on Trent	59	0	Yes	6.3	20																
Millthorpe	Chesterfield Royal	81	2	Yes	7.7	21																
Milton	Queen's Hospital Burton on Trent			No	7.3	25																
Monyash	Chesterfield Royal	95	2	Yes	19.9	44	Yes	Yes	65	2	7.6	15	Yes	Yes	38	1	12.4	24	20	29	57	30
Morley	Derby City General	38	1	Yes	7.6	23																
Morton	Kings Mill Hospital	75	1	Yes	7.7	20																
Netherseal	Queen's Hospital Burton on Trent	77	1	Yes	10.5	30																
New Houghton	Kings Mill Hospital	34	1	Yes	5.3	14																
New Mills (by bus station)	Stepping Hill	21	0	Yes	6.9	15	Yes	Yes	41	1	11.8	26								-11		-20
New Mills (Newtown station)	Stepping Hill	21	0	Yes	6.3	14	Yes	Yes	41	1	11.2	25								-11		-20
New Whittington	Chesterfield Royal	41	1	Yes	4.9	15																
Newbold	Chesterfield Royal	20	0	Yes	3.5	13																
Newhall	Queen's Hospital Burton on Trent	45	0	Yes	5.2	18																
Newton	Chesterfield Royal	63	1	Yes	9.9	26																
Newton Solney	Queen's Hospital Burton on Trent	51	1	Yes	4.5	16																
Norbury	Derby City General			No	19.3	38																
North Wingfield	Chesterfield Royal	38	1	Yes	6.3	16																
Northwood &	Chesterfield Royal	79	2	Yes	12.3	29							Yes	Yes	7	0	2.6	5	24		72	

Tinkesley																						
Ockbrook	Derby City General	54	1	Yes	7.4	22																
Old Brampton	Chesterfield Royal	37	1	Yes	4.5	18																
Old Whittington	Chesterfield Royal	34	1	Yes	4.1	12																
Osleston	Derby City General			No	7.5	20																
Osmaston	Derby City General	79	1	Yes	11.8	25																
Over Haddon	Chesterfield Royal	68	1	Yes	15.6	38							Yes	Yes	41	1	8.4	18	20		27	
Overseal	Queen's Hospital Burton on Trent	72	1	Yes	8.1	26																
Palterton	Chesterfield Royal	43	1	Yes	6.7	19																
Parwich	Derby City General	156	2	Yes	20.4	44	Yes	Yes	79	1	16.2	27	Yes	Yes	97	2	12.6	26	18	17	59	77
Peak Dale	Stepping Hill	53	0	Yes	15.3	35	Yes	Yes	31	1	4.4	13								22		22
Peak Forest	Stepping Hill	64	1	Yes	15.9	32	Yes	Yes	31	1	8.3	17								15		33
Pentrich	Kings Mill Hospital	80	1	Yes	10.1	23																
Pilsley	Kings Mill Hospital	70	1	Yes	7.4	20																
Pilsley (Near Chatsworth)	Chesterfield Royal	60	1	Yes	11.5	29							Yes	Yes	22	0	7.5	16	13		38	
Pinxton	Kings Mill Hospital	33	0	Yes	6.2	15																
Pleasley	Kings Mill Hospital	32	1	Yes	4.6	12																
Poolsbrook	Chesterfield Royal	14	0	Yes	4.9	17																
Quarndon	Derby City General	36	1	Yes	5.9	19																
Radbourne	Derby City General			No	4.6	16																
Renishaw	Chesterfield Royal	52	1	Yes	9.0	20																
Repton	Queen's Hospital Burton on Trent	57	1	Yes	6.0	19																
Riddings	Kings Mill Hospital	65	0	Yes	9.7	21																
Ridgeway	Royal Hallamshire	54	1	Yes	6.4	32																
Ripley	Kings Mill Hospital	60	0	Yes	11.8	21																
Risley	Queen's Medical Centre	24	0	Yes	6.9	20																
Rodsley	Derby City General			No	11.2	28																
Rosliston	Queen's Hospital Burton on Trent	65	1	Yes	6.5	27																
Roston	Queen's Hospital Burton on Trent			No	17.9	41																
Rowsley	Chesterfield Royal	80	2	Yes	13.4	30							Yes	Yes	5	0	3.6	7	23		75	
Sandiacre	Queen's Medical Centre	17	0	Yes	5.7	17																
Sawley	Queen's Medical Centre	40	0	Yes	7.6	26																
Scarcliffe	Chesterfield Royal	28	0	Yes	7.0	17																
Scropton	Queen's Hospital Burton on Trent			No	5.6	17																
Shardlow	Derby City General	47	1	Yes	8.1	26																
Shatton	Royal Hallamshire	66	1	Yes	12.7	25																
Sheepbridge	Chesterfield Royal	29	1	Yes	4.1	13																
Sheldon	Chesterfield Royal			No	16.2	40							Yes	Yes	53	1	9.1	21	19			
Shipley	Queen's Medical Centre	122	1	Yes	10.2	30																
Shirebrook	Kings Mill Hospital	32	1	Yes	8.1	20																

Shirland	Chesterfield Royal	45	1	Yes	9.8	23																
Shirley	Derby City General	81	1	Yes	10.0	24																
Shottle	Derby City General			No	11.7	31							Yes	No			9.8	31	0			
Shuttlewood	Chesterfield Royal	16	0	Yes	5.1	13																
Smalley	Derby City General	45	1	Yes	11.1	26																
Smisby	Queen's Hospital Burton on Trent			No	9.6	28																
Snelston	Derby City General			No	17.0	36																
Somercotes	Kings Mill Hospital	50	0	Yes	8.3	17																
Somersal Herbert	Queen's Hospital Burton on Trent			No	10.7	31																
South Darley	Chesterfield Royal	118	2	Yes	12.5	32							Yes	Yes	8	0	2.8	8	24		110	
South Normanton	Kings Mill Hospital	23	0	Yes	5.5	17																
South Wingfield	Kings Mill Hospital	65	1	Yes	10.7	22																
Sparrowpit	Stepping Hill	61	1	Yes	14.3	29							Yes	Yes	33	1	6.6	14	15		28	
Spinkhill	Chesterfield Royal	96	2	Yes	9.8	24																
Stanley	Derby City General	51	1	Yes	8.6	29																
Stanley Common	Derby City General	74	1	Yes	9.2	25																
Stanton	Queen's Hospital Burton on Trent	40	0	Yes	5.3	19																
Stanton by Bridge	Derby City General	66	1	Yes	7.6	23																
Stanton by Dale	Queen's Medical Centre	40	1	Yes	7.8	26																
Stanton in the Peak	Chesterfield Royal	99	2	Yes	14.8	37							Yes	Yes	31	0	5.0	14	23		68	
Starkholmes	Chesterfield Royal	70	2	Yes	11.8	29							Yes	Yes	32	1	2.7	10	19		38	
Staveley	Chesterfield Royal	20	0	Yes	4.7	16																
Stenson	Derby City General	45	1	Yes	4.5	13																
Stonebroom	Kings Mill Hospital	69	1	Yes	8.1	22																
Stoney Middleton	Royal Hallamshire	66	1	Yes	12.3	30							Yes	Yes	56	1	10.9	22	8		10	
Stretton	Chesterfield Royal	41	1	Yes	8.1	22							Yes	Yes	77	1	8.1	18	4		-36	
Sudbury	Queen's Hospital Burton on Trent	82	1	Yes	8.0	23																
Sutton on the Hill	Derby City General			No	7.7	22																
Sutton Scarsdale	Chesterfield Royal	32	1	Yes	3.2	11																
Swadlincote	Queen's Hospital Burton on Trent	58	0	Yes	6.4	21																
Swanwick	Kings Mill Hospital	57	0	Yes	9.2	19																
Swarkestone	Derby City General	62	1	Yes	6.6	21																
Taddington	Macclesfield DGH	100	2	Yes	18.7	41	Yes	Yes	49	1	6.4	13								28		51
Tansley	Chesterfield Royal	75	2	Yes	10.4	27							Yes	Yes	40	1	3.7	12	15		35	
Temple Normanton	Chesterfield Royal	34	1	Yes	3.8	9																

Thorpe	Derby City General	111	2	Yes	17.2	41	Yes	Yes	50	0	18.9	36	Yes	Yes	142	2	17.6	38	3	5	-31	61
Thurlston	Derby City General	58	1	Yes	6.8	25																
Thurvaston	Derby City General			No	14.6	35																
Tibshelf	Kings Mill Hospital	57	1	Yes	6.2	17																
Ticknall	Derby City General	100	2	Yes	10.4	28																
Tideswell	Royal Hallamshire	82	1	Yes	16.8	37	Yes	Yes	67	1	9.2	18	Yes	Yes	57	1	14.6	30	7	19	25	15
Tissington	Derby City General	116	2	Yes	16.9	35	Yes	Yes	43	0	17.4	29	Yes	Yes	147	2	15.8	31	4	6	-31	73
Trusley	Derby City General			No	8.2	24																
Tupton	Chesterfield Royal	35	1	Yes	4.8	14																
Turnditch	Derby City General	83	2	Yes	10.0	25																
Twyford	Derby City General			No	5.5	17																
Unstone	Chesterfield Royal	40	1	Yes	5.8	17																
Walton	Chesterfield Royal	25	1	Yes	3.3	12																
Walton upon Trent	Queen's Hospital Burton on Trent	58	1	Yes	6.5	23																
Wardlow	Royal Hallamshire	90	2	Yes	15.3	34	Yes	Yes	75	2	12.0	24	Yes	Yes	48	1	12.1	23	11	10	42	15
Wensley	Chesterfield Royal	120	2	Yes	12.3	29							Yes	Yes	10	0	2.6	6	23		110	
Wessington	Chesterfield Royal	79	2	Yes	11.1	30							Yes	Yes	52	1	7.0	17	13		27	
West Hallam	Queen's Medical Centre	84	1	Yes	10.0	29																
Westhouses	Kings Mill Hospital	38	0	Yes	7.2	19																
Weston on Trent	Derby City General	66	1	Yes	8.0	24																
Weston Underwood	Derby City General	47	1	Yes	8.1	23																
Whaley Bridge	Stepping Hill	27	0	Yes	8.9	20	Yes	Yes	35	1	8.5	19								1		-8
Whaley Thorns	Chesterfield Royal	52	0	Yes	9.6	24																
Whatstandwell	Chesterfield Royal	93	2	Yes	15.9	37																
Whittington Moor	Chesterfield Royal	15	0	Yes	3.6	11																
Whitwell	Bassetlaw General	12	0	Yes	6.1	18																
Willington	Queen's Hospital Burton on Trent	66	1	Yes	5.7	18																
Windley	Derby City General	82	2	Yes	9.2	24																
Wingerworth	Chesterfield Royal	32	1	Yes	3.7	13																
Winster	Chesterfield Royal	124	2	Yes	13.7	33							Yes	Yes	14	0	4.0	9	24		110	
Wirksworth	Derby City General	91	1	Yes	14.9	34							Yes	Yes	30	0	6.1	15	19		61	
Woodville	Queen's Hospital Burton on Trent	68	1	Yes	6.8	21																
Woolley Moor	Chesterfield Royal	66	2	Yes	10.1	25							Yes	Yes	53	2	7.0	18	7		13	
Wormhill	Stepping Hill	97	1	Yes	19.4	43	Yes	Yes	37	1	8.2	19								24		60
Wyaston	Queen's Hospital Burton on Trent			No	13.4	39																
Yeaveley	Queen's Hospital Burton on Trent			No	12.1	34																
Yeldersley	Derby City General	79	1	Yes	11.1	23																
Yorkshire Bridge	Royal Hallamshire	59	1	Yes	10.5	20	Yes	Yes	87	2	16.8	35	Yes	Yes	60	1	18.1	39	-19	-15	-1	-28
Youlgreave	Chesterfield Royal	82	1	Yes	16.9	42							Yes	Yes	40	1	7.2	19	23			

Appendix two, communities without access to public transport

Name of community	Public transport to Corbar if in catchment area	Public transport to Darley if in catchment area
Alderwasley		No
Aldwark		No
Alkmonton		
Alton		No
Ambaston		
Atlow		No
Boylestone		
Bretby		
Calke		
Callow		
Church Broughton		
Church Wilne		
Cubley		
Dalbury		
Flagg	No	Yes
Hollington		
Kirk Ireton		No
Lees		
Longford		
Lullington		
Marston Montgomery		
Mercaston		
Milton		
Norbury		
Osleston		
Radbourne		
Rodsley		
Roston		
Scropton		
Sheldon		Yes
Shottle		No
Smisby		
Snelston		
Somersal Herbert		
Sutton on the Hill		
Thurvaston		
Trusley		

Twyford		
Wyaston		
Yeaveley		

Appendix III: data on activity usage at birth centres by areas of deprivation

Figures demonstrate that the following numbers of people from the most deprived areas in the High Peak and Dales used both Corbar and Darley Birth Centres over a 3 year period:

Corbar Birth Centre – using data from the 3 most deprived areas (5th quintile) in the High Peak

	2008-09	2009-10	April 2010-11
Total no. births in deprived areas	174	144	114
Births in most deprived areas delivered at Corbar	41 (24% of total) (29% of Corbar total)	42 (29% of total) 25% of Corbar total)	40 (35% of total) 24% of Corbar total)
Total No births Corbar	142	170	167
No of births elsewhere from deprived areas	133 (76%)	102 (71%)	74 (65%)

N.B. The 3 areas by wards identified are; Stonebench (Fairfield), Cote Heath (Harpur Hill) and New Mills East.
N.B. The Deprivation groups (quintiles) range from 1 (least deprived) to 5 (most deprived).

Darley Birth Centre – using data from the 2 most deprived areas (5th quintile) in the Dales.

	2008-09	2009-2010	April 2010-11
Total no. births in deprived areas	67	72	65
Births in most deprived areas delivered at Darley	25 (37% of total) (16% of Darley total)	20 (28% of total) 11% of Darley total)	15 (23% of total) 16% of Darley total)
Total No births Darley	150	174	95
No of births elsewhere from deprived areas	42 (63%)	52 (72%)	50 (77%)

N.B. The 2 areas by wards identified are; Matlock St. Giles and Matlock All Saints (both Hurst Farm Estate, Matlock)
N.B. The Deprivation groups (quintiles) range from 1 (least deprived) to 5 (most deprived).