

AUGUST 2019

LACHLAN MATERNITY SERVICES

COMMUNITY CONSULTATION

**This community consultation survey closes at
5pm on Friday 23 August 2019**

How you can send us your response:

Complete this survey online at www.surveymonkey.com/r/lachlanmaternity

Print this survey, fill it and emailing a scanned copy to us at:
WNSWLHD-LachlanMaternity@health.nsw.gov.au

Print this survey, fill it in and post it to us at:
Health Service Manager
Forbes Health Service
Lot 1 Elgin Street
FORBES NSW 2871

Print this survey , fill it in and hand it to reception Parkes or Forbes Hospital



Health
Western NSW
Local Health District

Terms used in this survey

These definitions are provided to help make sure everyone can understand what these terms mean:

Anaesthetics – A specialist service required for operations, when you are put to sleep or a drug is injected into or around an area to ensure you don't feel the pain of the procedure. An anaesthetist is a doctor who has undertaken specialist training in anaesthetics.

Caesarean section - Also known as a c-section, this is when a baby is delivered surgically through the abdomen. In some cases, this may be planned in advance or undertaken during labour as an emergency when there is a problem during the normal birthing process. An anaesthetist is needed for a safe c-section procedure.

General Practitioner (GP) – A GP is your local family doctor. A GP may apply to become a Visiting Medical Officer at the hospital (see below). Some GPs undertake additional training to provide more specialised services such as anaesthetics or obstetrics.

Lachlan Health Service – Parkes Hospital and Forbes Hospital are services managed jointly as part of the Lachlan Health Service.

Locum – A doctor who is contracted usually from outside of the area on a short-term basis to provide temporary coverage when a permanent doctor is not available.

Maternity services – Maternity services is a term that includes the care provided to mothers and their babies during pregnancy, birth and afterwards.

Midwife – A midwife has undertaken specialist training to care for women in pregnancy, to undertake normal vaginal births, assist at complex births and provide care for both mother and baby following birth.

Midwifery Group Practice (MGP) – A MGP is a model of care that 'partners' a midwife with a woman, they work together throughout the woman's pregnancy, the birth of her baby and when they return home.

Obstetrics - A specialist service providing care in all aspects of pregnancy, complex births and care following birth. An obstetrician is a doctor who has undertaken specialist training in obstetrics.

On-call roster – Births are unpredictable so a maternity service must be able to call on obstetricians, anaesthetists and midwives at any time of day or night. The on-call roster allocates doctors and midwives on duty at a particular time and hence must be prepared to come to work immediately to assist with a birth.

Visiting Medical Officer (VMO) – A VMO is a doctor who has requested and been given, permission to treat patients in a hospital. Not all doctors are VMOs. VMOs may have specialist skills such as obstetrics or anaesthetics.

Western NSW Local Health District (WNSWLHD) – the WNSWLHD is the organisation that operates all public hospitals and health services in the region stretching from Oberon in the east, to Cobar in the west, up to the Queensland border and south to Grenfell.

WHY WE ARE DOING THIS SURVEY?

The Western NSW Local Health District is consulting with local consumers, community members, staff and other maternity experts to plan for the future of maternity services provided by the Lachlan Health Service (Parkes and Forbes).

Parkes and Forbes Hospitals are Level 3 maternity services. A Level 3 service provides care during pregnancy and birth after 37 weeks of pregnancy. These birthing services include induction of labour, planned or emergency medical assistance from an obstetric doctor (such as a caesarean section), and care for mother and baby afterwards.

All Level 3 maternity services must have obstetric and anaesthetic trained doctors and midwives available all day, every day.

Parkes and Forbes Hospitals currently do not have enough doctors with training in obstetrics and anaesthetics to safely operate a Level 3 service at both sites.

This discussion paper outlines some possible responses to the situation we currently face in Parkes and Forbes and asks for your views and ideas.

The survey will provide you with background information which will take you about 15 minutes to read.

There are a total of 13 questions throughout this printed version of the survey. These questions include asking for your comments on maternity service options, the opportunity for you to make additional comments on any related issue, and some questions about you. None of the questions are compulsory.

The survey will close at 5.00pm on Friday 23 August, 2019.

The purpose of this consultation is to inform decision making around the Lachlan Health Service's maternity services. The responses will be de-identified and only used for this consultation period.

Your responses are confidential, will not be published and will not affect your future care or treatment in any service. We value your time, your honesty and your input.

Thank you.

You can send us your responses:

By completing this survey online at www.surveymonkey.com/r/lachlanmaternity

Print this survey, fill it and emailing a scanned copy to us at:

WNSWLHD-LachlanMaternity@health.nsw.gov.au

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Health Service Manager

Forbes Health Service

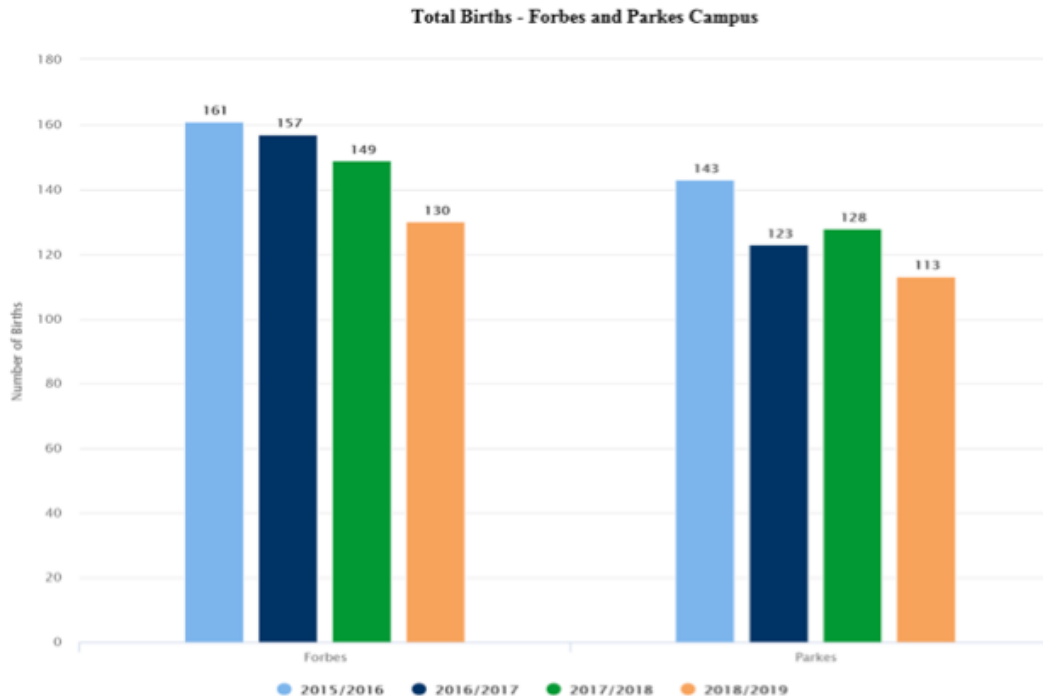
Lot 1 Elgin Street

FORBES NSW 2871

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BABIES BORN IN PARKES AND FORBES

In 2018/19 there were 233 babies born at both hospitals combined and this graph identifies the decrease in births over the last 4 years.



PARKES BIRTHS

- A total of 113 births
- 72.5% were from Parkes
- 9.6% were from Condobolin
- 6.8% were from Forbes

FORBES BIRTHS

- A total of 130 births
- 53.3% were from Forbes
- 20.4% were from Condobolin
- 11.9% were from Parkes

Other towns using maternity services in Parkes and Forbes came from Peak Hill, Trundle, Tottenham and Tullamore.

There may be changes in the population of Parkes and Forbes, the number of women between the ages of 15 and 44 is expected to continue to reduce in the Parkes, Forbes and Lachlan Local Government Areas (LGAs).

Q1.

Do you have any comments or observations about the numbers of babies being born in the Lachlan Health Service?

WHAT 'SERVICE LEVELS' MEAN

In NSW maternity services are provided in Levels 1 to 6. Level 1 provides no birthing service. Level 6 services, such as Nepean and Westmead Hospitals, provide extremely specialised services. Parkes and Forbes Hospitals are Level 3 maternity services.

As a result of the declining number of births, and shortages of doctors with obstetric and anaesthetic training, it is currently not possible to offer Level 3 services at both hospitals.

If you would like to find out more about maternity service levels in NSW, you can read the NSW Maternity & Neonatal Service Capability Framework.

Level 3 provides care during pregnancy, birth after 37 weeks of pregnancy which could include induction of labour, planned and emergency caesarean section operations. A Level 3 service must have 24-hour access to midwives, theatre nurses, obstetric and anaesthetic trained doctors.

Level 2 maternity service provides low-risk vaginal birthing by midwives.

Level 1 maternity service provides care during pregnancy and following the baby's birth by midwives. Level 1 does not provide birthing services, the baby is born at the nearest hospital offering the right level of care.



MATERNITY MEDICAL WORKFORCE

We must ensure we have the right workforce, and adequate births for our staff to be up to date and well skilled to work in our hospitals and our community.

Several attempts to recruit doctors with training in obstetrics and anaesthetics to the Lachlan Health Service have been unsuccessful. Locums have been used in some cases to keep services available, but this is not a long-term solution.

There are many reasons why it is difficult to attract doctors to positions in rural locations, including:

- The number of GPs who live and work in rural areas is declining.
- When doctors train to provide specialist services such as obstetrics and anaesthetics, they have undertaken extra study and exams to do so, so they want to use those skills every day to maintain their skills and confidence. When births are occurring less than once a day, these opportunities are not available.
- Doctors want to avoid becoming 'burnt out', which is a risk when they are on-call frequently.

We are continuing to recruit doctors to work at Parkes and Forbes Hospitals.

Q2.

Do you have any comments or suggestions about attracting doctors to the Lachlan area?

LOOKING AT THE OPTIONS

Based on current circumstances, a group including doctors, midwives, nurses, community and consumer representatives and experts in maternity services have considered three options for providing maternity services in Parkes and Forbes.

These options are outlined here, and we invite you think about the advantages and disadvantages of each, how these options might work in Parkes and Forbes (there are some factors about each site outlined below) and provide us with your comments.

These options focus on safety, and on ensuring maternity services across Parkes and Forbes hospitals are appropriate and sustainable.

There are a number of features about each site that you can consider:

Parkes

- Currently has a higher population aged 15 to 44
- Has not been able to recruit GP obstetricians that are needed for a higher level service
- Midwives currently provide a Midwifery Group Practice model
- Parkes hospital redevelopment included birthing suites and operating theatres
- Most women from Condobolin currently birth at Forbes.

Forbes

- Has been able to attract sufficient number of doctors providing obstetric services
- Is currently where most women from Condobolin birth
- Has good facilities for birthing, although its operating facilities are not new as Parkes
- Would need to develop a Midwifery Group Practice model.

OPTION ONE

One Level 3 and one Level 2 hospital

Most women would continue to have pregnancy care and birth at the hospital of her choice using a Midwifery Group Practice model.

For births where medical intervention, such as induction of labour or a caesarean section, might be needed the mother would receive pregnancy care at her local hospital, travel to the Level 3 hospital to give birth, and then receive care following birth in their home town.

The features of Option 1:

- All families could choose to receive their pregnancy and postnatal services at either hospital, with outreach services available in surrounding communities.
- Under the Midwifery Group Practice model at both hospitals, families could be supported by the same midwife throughout their pregnancy, during the birth, and for 6 weeks following the birth.
- Most families would have their baby in the hospital of their choice, under the care of a midwife.
- Doctors providing obstetric and anaesthetic services for maternity patients would be available only at the Level 3 hospital.
- For births where medical intervention was more likely, these decisions would be discussed, explained and agreed to, based on safety, during pregnancy. Families would then travel to the Level 3 service for the birth.
- In some circumstances, where higher levels of complications or risk have been identified, the safest place for birth may be at Orange, which offers Level 4 maternity services, or Dubbo, which offers Level 5 maternity services, or another higher level hospital.

Advantages:

- Having one medical roster should make it easier to recruit the right number of doctors, and to staff the on-call rosters.
- The delivery of Midwifery Group Practice at both hospitals.
- Offers the best range of choice to families using Lachlan maternity services.
- Offers a reliable, sustainable model, less likely to be impacted by changes in workforce.

Disadvantages:

- Some families would need to travel for the birth.

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Q3.

Taking into account the current circumstances, what is your response to this Option 1?

If this were to be the preferred model to use at this time, where do you think would be the best place for Level 3 and Level 2 services?

OPTION TWO

One Level 3 and one Level 1 hospital

All babies would be born at one hospital, with midwives providing pregnancy and post-natal services in both communities.

Features of Option 2:

- Families would be able to receive pregnancy and post-natal services in the hospital of their choice.
- All babies would be born at the Level 3 hospital.
- All doctors providing obstetrics and anaesthetics for maternity services would be located in the Level 3 hospital.
- The midwife providing the pregnancy and post-natal services could also be involved in the birth, with doctors able to provide obstetric and anaesthetic services as needed.
- In some circumstances, where higher levels of complications or risk have been identified, the safest place for birth may be at Orange, which offers Level 4 maternity services, or Dubbo, which offers Level 5 maternity services, or another higher level hospital.

Advantages:

- Having one medical roster should make it easier to recruit the right number of doctors.
- Offers a reliable model that will be less likely to be impacted by changes in workforce.

Disadvantages:

- Some families would need to travel for the birth.
- Less choice for families.

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Q4.

Taking into account the current circumstances, what is your response to this Option 2?

If this were to be the preferred model to use at this time, where do you think would be the best place for Level 3 and Level 1 services?

OPTION 3

One Level 3 hospital

All babies would be born at one hospital, with no maternity services available at the other hospital.

Features of Option 3:

- All babies would be born at the Level 3 hospital.
- All doctors providing obstetrics and anaesthetics for maternity services would be located in the Level 3 hospital.
- Families would receive all pregnancy and post-natal services from the Level 3 hospital.
- The midwife providing the pregnancy and post-natal services could also be involved in the birth, with doctors able to provide obstetric and anaesthetic services as needed.
- In some circumstances, where higher levels of complications or risk have been identified, the safest place for birth may be at Orange, which offers Level 4 maternity services, or Dubbo, which offers Level 5 maternity services, or another higher level hospital.

Advantages:

- Having one medical roster should make it easier to recruit the right number of doctors.
- Offers a reliable model that will be less likely to be impacted by changes in workforce.

Disadvantages:

- More families would need to travel for the birth.
- Very little choice for families.

Continue to next page

Q5.

Taking into account the current circumstances, what is your response to this Option 3?

If this were to be the preferred model to use at this time, where do you think would be the best place for Level 3 services?

YOUR SUGGESTIONS AND IDEAS

Q6.

Do you have any other comments or suggestions to make about how maternity services can be provided for families in Parkes and Forbes and surrounding communities?

For example, do you have any concerns about issues like transport to and from a hospital to give birth, finding accommodation for visiting family or for mothers who might be booked in for an obstetric procedure?

SOME INFORMATION ABOUT YOU

The next questions will help us understand more about you and your connection with maternity services in Parkes and Forbes. These questions are not compulsory.

Q7.

What is the postcode where you live?

Q8.

What is your age bracket (circle which bracket applies to you)?

Under 18

18-24

25-34

35-44

45-54

55-64

65+

Q9.

What is your gender?

Q10.

Have you used any maternity service in the last two years? If you did, where did you receive those services?

Q11.

Do you think you might use any maternity service in the next two years? If you do, where do you think you might go to for those services?

Q12.

Can you explain why you have made the above choice?

Q13.

Do you identify as Aboriginal or Torres Strait Islander (circle which applies to you)?

Yes

No

Prefer not to say

**You have reached the end of the
Lachlan Maternity Services
Community Consultation Survey**

Thank you for taking the time to participate

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