Appendix 1

Comments for Health and Adult Services Scrutiny Committee

Submitted by Albany Midwifery Practice

Re: Termination of the contract between King’s College Hospital NHS Foundation Trust and the Albany Midwifery Practice

Following the publication of the government document ‘Changing Childbirth’ (DH 2003) a pilot midwifery practice was set up in Deptford, South East London, to put into practice the aims of the report i.e. Choice, Continuity and Control for women during their maternity care, preferably in a community setting. This midwifery practice, which was known as the South East London Midwifery Practice, flourished for three years with excellent outcomes and great popularity among its users. When its contract with Lambeth, Southwark and Lewisham Health Authorities came to an end in early 1997, a new contract was agreed with King’s College Hospital Trust, and in April that year the Practice moved to Peckham and became known as the Albany Midwifery Practice. This contract was the first of its kind in the UK, and was seen by many as paving the way for the maternity services of the future. Since 1998 the Practice has been based in the Peckham Pulse, continuing to offer the same ‘3 Cs’ of care, and continuing to be extremely popular in the local community. The contract continued for over twelve and a half years, until it was abruptly terminated in December last year.

The contract between King’s College Hospital NHS Foundation Trust and the Albany Midwifery Practice (AMP) was terminated without consultation, either with the midwives or with the women and families who would be affected by the closure of the service. The reasons given by King’s are ‘patient safety’ and ‘to ensure effective governance of the services it provides’. Whilst we can make no comment about the governance issues, the AMP is very concerned about the use of patient safety issues to terminate this service. In a report on the outcomes during the first ten years of the service, perinatal mortality rates were shown to be less than half those in the local borough, and other outcomes (e.g. Caesarean section rates, breastfeeding rates) compared extremely favourably with both local and national figures.

King’s became concerned about the Practice’s morbidity statistics, following a ‘case series’ put together in late 2008, covering a 31-month period from March 2006 to October 2008. During this period King’s claim to have shown that the AMP’s morbidity figures were ten times those of the Trust overall. A denominator of Hypoxic Ischaemic Encephalopathy (HIE) was used to define the morbidity figures, although this is widely known to be a concerning definition because of its complex aetiology. The AMP, while being aware of all of the poor outcomes during that time, has always disputed the accuracy of the statistics, and called for greater transparency about how they were collected. One of the obstetricians at King’s claimed in a MSLC meeting recently that the data was ‘hand-picked’, causing great alarm amongst the
users of the service who were present. An independent statistician has done a critique of the case series and concluded that it would be 'impossible to draw any inferences' from the data presented.

King’s commissioned a report into a selected number of cases in early 2009 from CEMACH (which became CMACE in July 2009). At great expense to the tax payer, this report was finally delivered to King’s at the end of November 2009. There are some concerns that King’s also had some input into what was always intended to be an independent and confidential report. The report did not recommend closing the service, and all its recommendations were around management issues. However, almost immediately following the delivery of the report to King’s, the AMP was told that their contract was being terminated. It is important to note, however, that in spite of the termination of the contract on grounds of patient safety, jobs were offered at King’s following closure of the Practice to all of the midwives in the AMP.

The AMP is very concerned about the impact of this decision on local women and families. A local support group has been set up to fight the decision, and the AMP also has support in its campaign from the National Childbirth Trust, The Association for Improvement in Maternity Services, and many leading professionals and academics in the field of Midwifery and Maternity Care.

The Albany Midwifery Practice
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