



# Oxfordshire CCG

Maternity services: Voice of the service user  
SUMMARY: FINAL DRAFT

18 / 742

V2

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Prepared for

Oxfordshire CCG

Prepared by

Pragma Consulting

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- Summary
- Project background & methodology
- Decision making
- Service user journey
- Impact & improvements

# Summary (1 / 4)

## SUMMARY

### Project background

- Pragma has completed a programme of research to capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire
- We conducted an online survey as well as qualitative research (focus groups and in-depth interviews) to understand service user experiences of maternity services at each stage of the journey through pregnancy, labour and postnatal care

### Decision making

- Parents feel a high level of responsibility in the decision making process, anxious to select the best option and to balance risk and choice
- There is mixed understanding of services and facilities available at each type of site, highlighting scope to improve information provision
- While there is variation in preferences and priorities - depending upon outlook and circumstances - there is a broad hierarchy of needs for service users when choosing where to give birth:
  1. Risk management is the most important and is illustrated by the importance that is placed on having doctors and medical facilities on site
  2. Practicality (getting to place of birth) and comfort are also important (comfort especially for first-time mothers)
  3. Costs associated with travel and parking are the least important factors
- If the service user feels there is no obvious solution which provides a balance of all three, significant anxiety can result, with service users seeking advice and often keeping their options open or changing their mind
- Comparing service users by geography, those living in Cherwell are least satisfied with their level of choice about where to give birth. They are also, retrospectively, least satisfied with choice they made

## Summary (2 / 4)

### SUMMARY

#### Ideal maternity experience

- Service users recognise that childbirth is inherently unpredictable and that the journey does not always follow a fixed plan
- There are common themes around the *ideal* maternity journey; service users prioritise **feeling safe, continuity of care, and access to support networks** – all of which serve to reduce anxiety
- Anxiety levels generally increase during labour and birth. Stress can impact birth experience, stall labour and change outcomes, and can cause lasting emotional damage
- The feedback received from service users highlighted a number of key areas to focus on in order to reduce anxiety throughout the journey:
  - **Continuity of care:** seeing familiar professionals throughout and medical notes being passed on to the relevant people
  - **Staff availability:** timely access to staff, providing attentive and effective care
  - **Information:** relevant information easily accessible in a central source
  - **Manageable logistics:** convenience of location, travel and parking
  - **Partners staying overnight:** emotional support when most needed

#### Better Births

- In 2016, Better Births, a National Maternity Review, was published and outlined priorities for maternity services in the UK. Our survey results echo the priorities outlined in their recommendations:
  - 31% of all service users selected the opportunity for partners to stay after the birth as one of their top 3 improvements to their overall experience, 30% selected more available staff, 25% more consistency in healthcare staff and 24% easier / cheaper car parking
  - Partners of service users had similar priorities; 41% selected the opportunity for partners to stay after the birth, 31% easier / cheaper car parking, 23% more available staff and 19% facilities nearer home to reduce travelling time

## Summary (3 / 4)

### SUMMARY

#### Service user journey

#### Antenatal care:

- The quality of care received at the antenatal stage of the journey is generally rated highly by service users (receiving a net satisfaction score of 78%) and this is consistent across different council areas
- Parking availability and choice of location receive low rating scores (-8% and 21% net satisfaction scores respectively)
- The Horton is being used for routine antenatal care by Cherwell residents; for example, 42% of Cherwell residents that had a hospital appointment with a consultant attended the Horton for the appointment

#### Labour & Birth:

- Nearly half, 47%, of service users were moved during their labour and half of service users identified at least one incident during their labour, with a shortage of staff and parking difficulties occurring most often
- Cleanliness (net satisfaction score 77%) and staff competence (net satisfaction score 72%) are scored highly whereas staff availability (net satisfaction score 40%), continuity of care (net satisfaction score 38%) and parking practicalities (net satisfaction score 19% for availability and -16% for cost) are rated poorly by service users

#### Postnatal care:

- Service users rated cleanliness and hygiene highly (net satisfaction score 74%) in postnatal care, but were least satisfied with the continuity of care (net satisfaction score 20%) and emotional support received (30%)

## Summary (4 / 4)

### SUMMARY

#### Reflections on Choice

- At a total level, 79% of service users would have chosen the same place to give birth, This decreases to 66% of Cherwell residents
- Oxford Spires offers service users an opportunity to balance choice and risk, with medical intervention on-site if required. More service users would prefer to give birth at both Oxford Spires and the Horton than end up delivering there. In contrast, more service users end up delivering at the Obstetric Unit at the JR than would have chosen to do so

#### Perceived impact of temporary closure of Horton's consultant-led maternity care

- Women living in Banbury and surrounding areas feel that previously, the Horton would have been the default choice for women nearby. The closure of consultant-led care removes an obvious choice for them. This impacts anxiety levels for Cherwell and South Northamptonshire service users, who report feeling more anxious at the point of deciding where to give birth
- This anxiety centres around concerns relating to emotional support, journey time, parking and risk of transfer
- Partners of service users are also feeling the impact of changes at the Horton with Cherwell residents rating ease of visiting and choice of locations lower than other council areas
- We heard individual cases where service users felt their experience had been negatively impacted by the changes to provision in Banbury
- The options for service users in Banbury include Warwick, The Spires and The Cotswold Birth Centre but service users highlight different challenges with each, with none considered an equivalent alternative
- When asked to select their ideal geographical location to give birth, 24% of all service users selected Banbury at a total level, i.e. all survey respondents. This increases to 74% of Cherwell residents and 97% of South Northamptonshire residents
- The awareness of changes to maternity services at the Horton is highest in Cherwell and South Northamptonshire; 75% of service users in Cherwell and 93% in South Northamptonshire would have preferred to give birth at the Horton if obstetric services had been available vs. 30% of all service users
- 68% of Cherwell service users (82% of South Northamptonshire and 24% of all service users) feel that the temporary closure of the obstetric unit at the Horton had an impact on their decision of where to deliver



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# Pragma has completed a programme of research to capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire

## PROJECT BACKGROUND

- On 1<sup>st</sup> October 2016, the obstetric unit at the Horton General Hospital in Banbury was temporarily closed on safety grounds because of staff. In August 2017, following a period of uncertainty, the Oxfordshire Clinical Commissioning Group (OCCG) decided that the obstetric unit should be permanently closed. The decision to remove Consultant-led services and make Horton General a Midwife-Led Unit (MLU) was not supported by the joint Health Overview and Scrutiny Committee (JHOSC) and was subsequently referred to the Secretary of State
- An independent report delivered in March 2018 ruled that further action be required before a final decision is made about the future of maternity services in Oxfordshire, i.e. to appraise options, balancing the needs of the population (locality of services and specialised care provision) with the sustainability of staffing and the best use of finite NHS resources
- As part of this process, Pragma were commissioned to undertake a programme of research to engage and capture feedback from users of maternity services in Oxfordshire and neighbouring south Northamptonshire and south Warwickshire.
- This document is the output of that programme of research

# Our methodology included an online survey among service users, focus groups and in-depth interviews

## METHODOLOGY



### Online survey

- Women in relevant areas of Oxfordshire, south Northamptonshire and south Warwickshire who had given birth since October 1<sup>st</sup> 2016 were sent a letter inviting them to take part in an online survey
- The link to the survey was also publicised through local and social media to encourage participation and as a back-up in case of lost letters. The survey could be completed on mobile, desktop or laptop devices
- There was an optional section at the end of the survey for partners to complete
- Letters were sent to 13,637 women; 1,035 completed the survey and 436 partners completed the optional section
- Open-ended questions were included in the survey and quotations from these have been used in the report to illustrate feedback from service users



### Focus groups

- Survey service users were asked if they would like to opt-in to be considered to take part in further research in order to gather more detailed feedback from users of maternity services. A recruitment process through local baby groups, nurseries and children's centres was also launched to recruit pregnant women
- A selection of women that opted-in were invited to take part. 20 participants signed up and attended one of 3 groups:
  - One held in Banbury with pregnant women
  - One held in Banbury with mothers who had given birth since October 2016
  - One held in Wantage with mothers who had given birth since October 2016



### In-depth interviews

- Survey service users had the choice of whether to opt-in for a focus group or for an in-depth interview
- In-depth interviews were carried out either in person or over the phone
- Partners were also invited to attend / join the call
- 8 participants, including 2 partners shared their experiences

# The catchment includes a range of options where women can give birth...

## CATCHMENT



Reference number	Location
1	Obstetric Unit, Warwick Hospital
2	Bluebell Birth Centre, Warwick Hospital
3	Wycombe Birth Centre, Wycombe Hospital
4	Obstetric Unit, Stoke Mandeville Hospital
5	Aylesbury Birth Centre, Stoke Mandeville Hospital
6	Obstetric Unit, Northampton General Hospital
7	Barratt Birth Centre, Northampton General Hospital
8	Wallingford Maternity and Birthing Centre
9	Wantage Maternity Unit
10	Horton Midwife Led Unit, Banbury
11	Obstetric Unit, John Radcliffe Hospital
12	Oxford Spires Midwife Led Unit, John Radcliffe Hospital
13	Cotswold Birth Centre, Chipping Norton
14	Obstetric Unit, Royal Berkshire Hospital
15	Rushey Midwife Led Unit, Royal Berkshire Hospital
16	Obstetric Unit, Great Western Hospital
17	White Horse Birth Centre, Great Western Hospital

# ...and the uptake of service users that give birth at each location varies by council area

## LOCATION OF DELIVERY

### Q. ...and which of these places did you actually give birth at?

Base: All service users (1,013)

Actual birth location



	Resident in which council area						
	Total	Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
	(1,013)	(321)	(191)	(163)	(148)	(118)	(63)
Obstetric Unit, JR	66.1%	62.3%	73.4%	60.0%	68.7%	72.4%	56.8%
Oxford Spires Midwife Led Unit, JR	17.0%	13.4%	23.3%	12.8%	18.0%	19.3%	14.3%
Horton MLU, Banbury	5.5%	16.4%	-	-	-	-	26.7%
Wallingford Maternity and Birthing Centre	3.7%	-	-	19.3%	1.0%	-	-
Home birth	3.2%	2.8%	3.4%	3.0%	4.7%	3.7%	0.8%
Obstetric Unit, Warwick Hospital	1.5%	4.0%	-	-	-	-	-
Wantage MLU	0.6%	-	-	-	4.3%	-	-
Obstetric Unit, Royal Berkshire Hospital, Reading	0.5%	-	-	2.7%	-	-	-
Cotswold Birth Centre, Chipping Norton	0.5%	-	-	-	-	3.9%	-
Rushey Midwife Led Unit, Royal Berkshire Hospital	0.4%	-	-	2.2%	-	-	-
White Horse Birth Centre, Great Western Hospital	0.4%	-	-	-	2.7%	-	-
Obstetric Unit, Great Western Hospital	0.1%	-	-	-	0.6%	-	-
Obstetric Unit, Northampton General Hospital	0.1%	-	-	-	-	-	1.3%
Bluebell Birth Centre, Warwick Hospital	0.1%	0.2%	-	-	-	-	-
Obstetric Unit, Stoke Mandeville Hospital	-	-	-	-	-	-	-
Aylesbury Birth Centre, Stoke Mandeville Hospital	-	-	-	-	-	-	-
Wycombe Birth Centre, Wycombe Hospital	-	-	-	-	-	-	-
Barratt Birth Centre, Northampton General Hospital	-	-	-	-	-	-	-
Other	0.1%	0.2%	-	-	-	-	-
In transit	0.2%	0.6%	-	-	-	0.8%	-

The survey data has been statistically weighted to reflect the demographics of the actual audience profile, in order to provide an accurate and representative view of the population

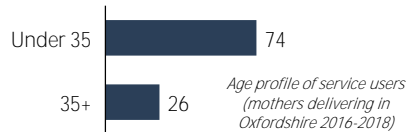
## DATA WEIGHTING

- The survey on maternity services was open for all eligible participants to complete. Inevitably, the response rates achieved varied across different subgroups of the data e.g. more older mothers completed the survey. If we used the actual data, without weighting, the groups where more mothers responded would be over represented
- Weighting involves:
  - Comparing the profile of the survey sample with that of the actual population, using information provided by OCCG, the census and government estimates
  - Discrepancies which would impact the accurate reflection of the population, are corrected by applying a weighting so that underrepresented groups get a larger weight and those in over represented groups get a smaller weight
  - The weighted data used in this report will accurately represent the population, allowing accurate conclusions to be drawn and comparisons to be made

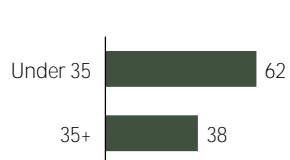


### Age

#### Make up of wider population (%)



#### Response rates of survey (%)



More older mothers responded to the survey, data was weighted to ensure voice of all ages accurately represented



### Location<sup>1</sup>

#### Make up of wider population (%)



#### Response rates of survey (%)



More mothers in Cherwell responded to the survey, data was weighted to ensure that the voice of residents from all regions accurately represented

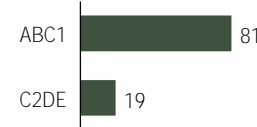


### Social grade

#### Make up of wider population (%)



#### Response rates of survey (%)



More mothers from higher social grades responded to the survey, data was weighted to ensure that the voice of those from all social grades accurately represented



### Ethnicity

#### Make up of wider population (%)



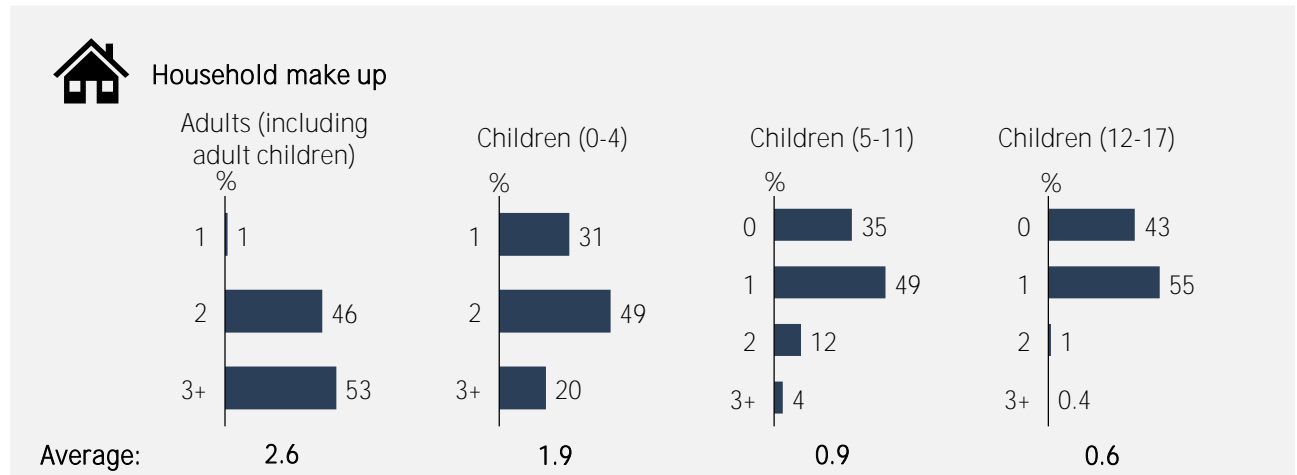
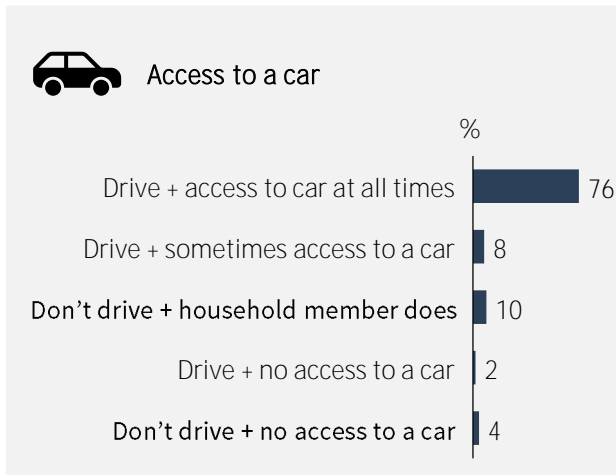
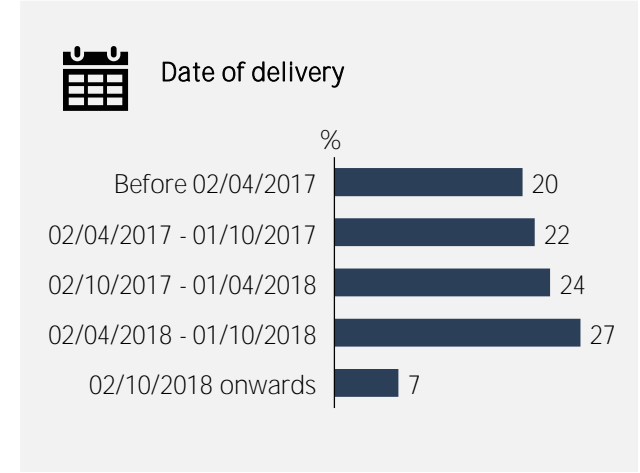
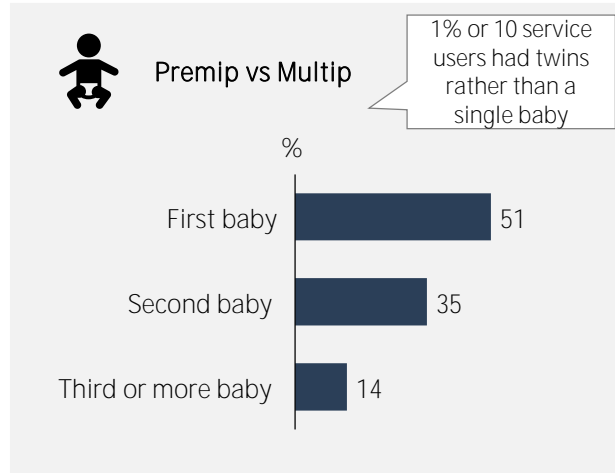
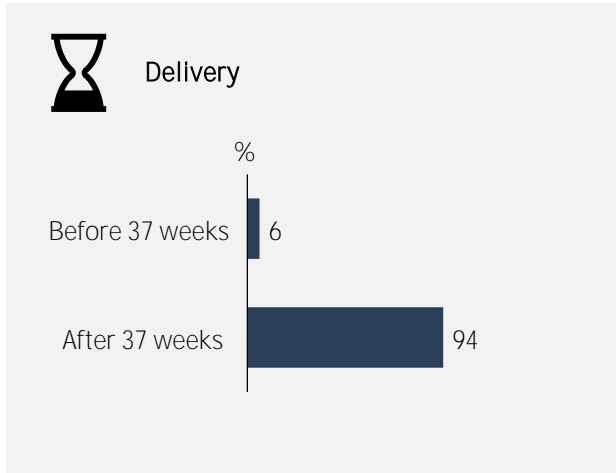
#### Response rates of survey (%)



Response rates were broadly in line with the wider population and important Central / Eastern European group not separated in census so weighting was not applied

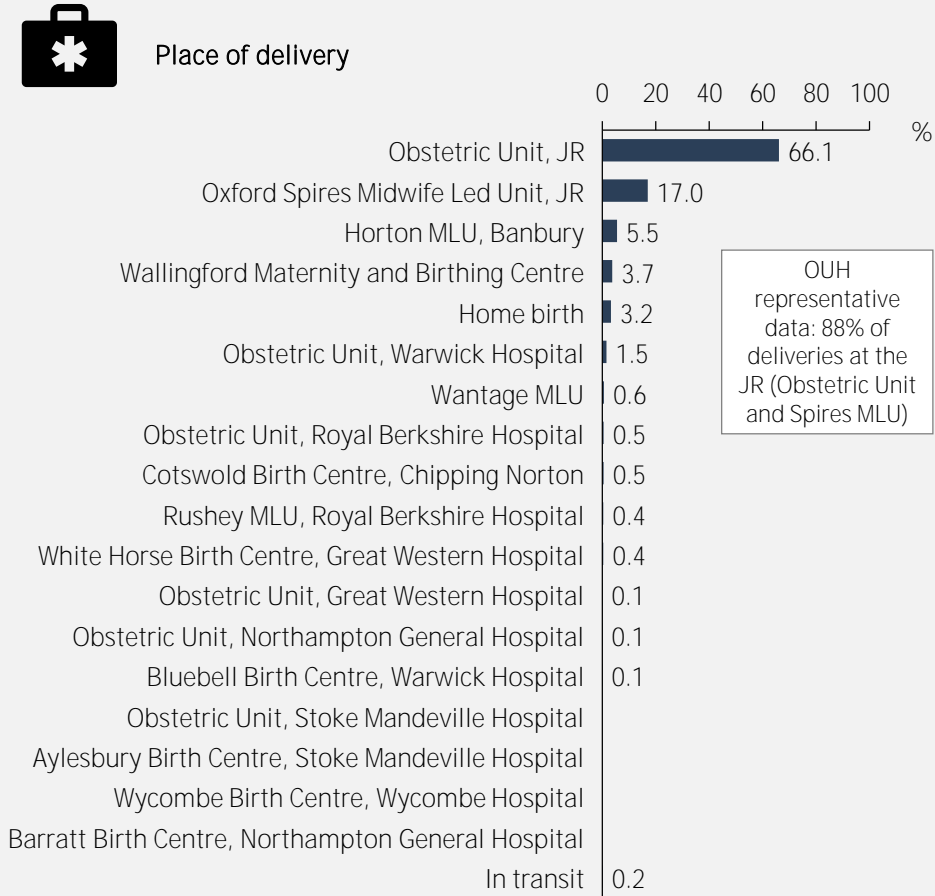
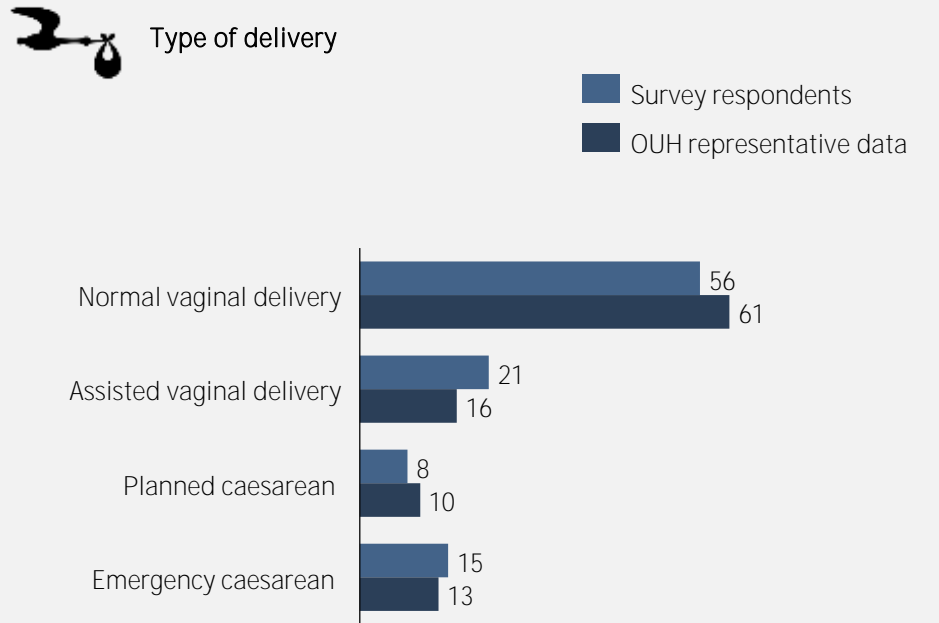
# We captured detail about service users' pregnancies, births and lifestyles to support comparisons across different groups

## PROFILE OF SURVEY SERVICE USERS



This provides confidence that a broad range of representative views are included

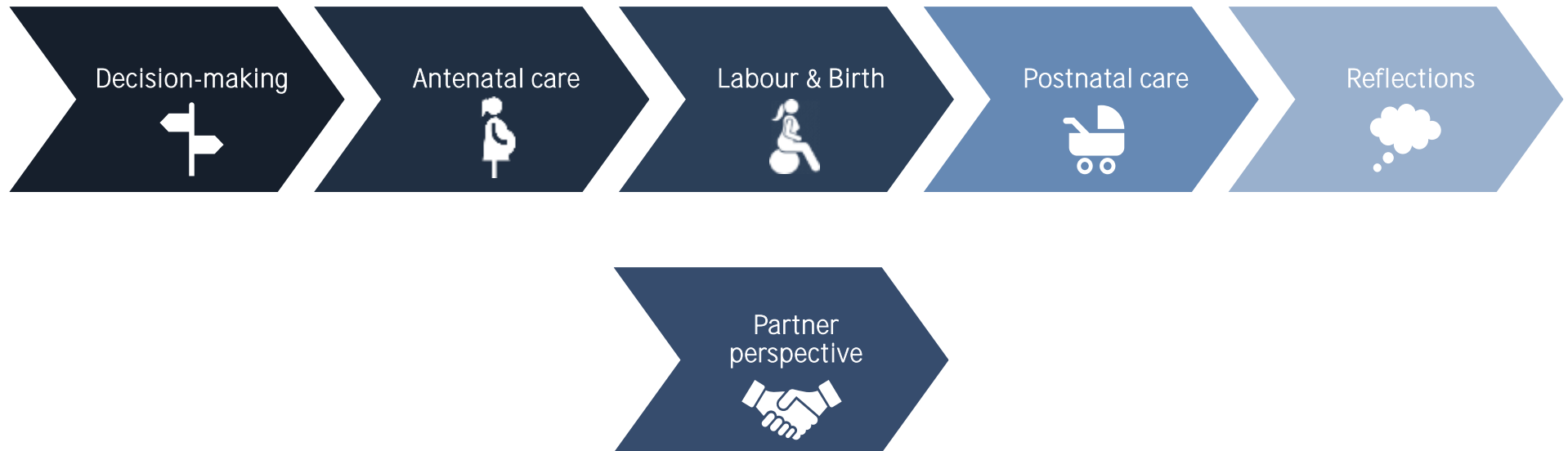
PROFILE OF SURVEY SERVICE USERS





The survey and focus groups / in-depth interviews asked women about their experiences of using maternity services at each stage of the journey through pregnancy and birth. Partners were also asked about their experiences

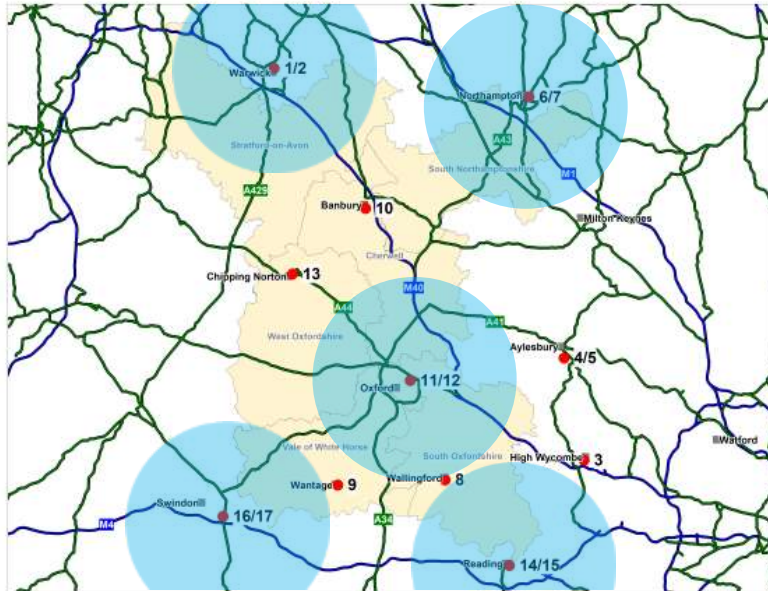
## RESEARCH STRUCTURE



*Throughout this report we include direct verbatim and quotations to illustrate specific points of view. These are sourced from free response boxes on the survey, focus groups and in-depth interviews. Many comments focus on opportunities to improve, therefore gravitate towards negative aspects of experience. Please consider these in balance with the quantitative data from the survey*

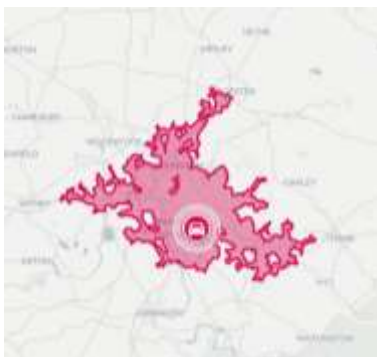
Postcode analysis allowed us to group service users based on their peak drivetime from any obstetric service. We classified service users as either ‘near’ or ‘far’ from obstetric services to give an indication of impact

## POSTCODE ANALYSIS



- Based upon the first part of each service user postcode, we calculated peak drive times (from a central point of the postcode area) from any obstetric service (Warwick, Northampton, Oxford, Reading and Swindon)
- We then grouped all postcodes into:
  - 1. ‘Near obstetric services’**  
*Those that are less than 30 minutes drive from an obstetric service (indicatively, those falling within the blue circles on the map). 461 (45%) of all service users in the survey fell into this category*
  - 2. ‘Far from obstetric services’**  
*Those more than 30 minutes drive from obstetric services (indicatively, those not covered by the blue circles on the map). 574 (55%) of all service users in the survey fell into this category*

These groupings have been used as breaks for certain tables in this report



*Blue drivetime circles on the map above are indicative only, distances were calculated exactly based on peak traffic hours as per this red shape from the JR, Oxford*

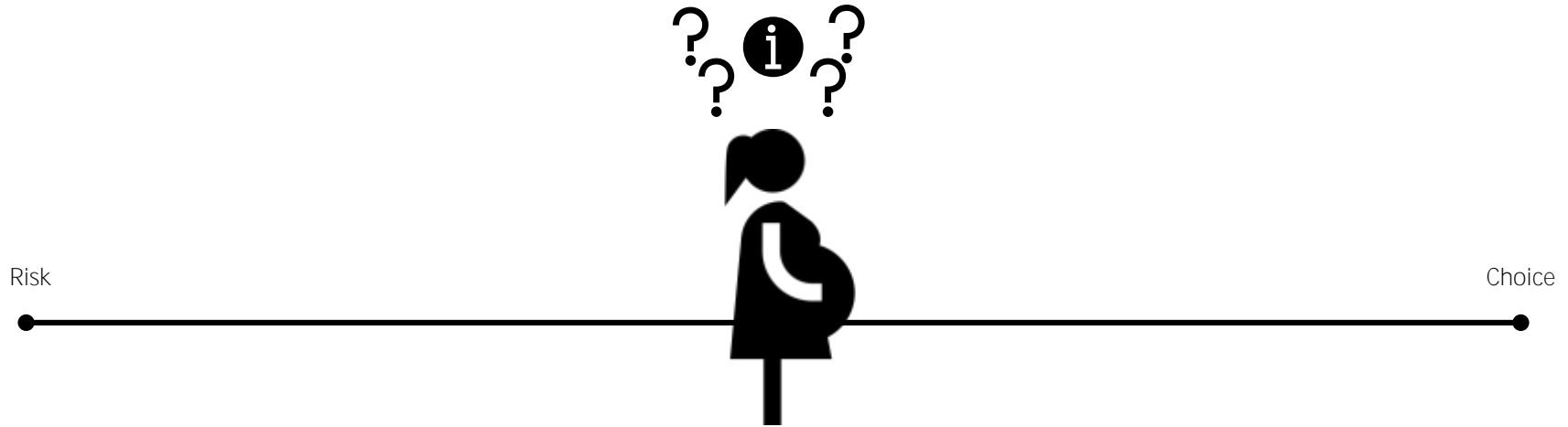
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Parents feel a high level of responsibility in the decision making process, anxious to select the best option and to balance risk and choice



DECISION MAKING | CONTEXT



*"There was no choice unless I chose to disregard medical opinion."*

Service User, South Northamptonshire

*"It's left to us almost to assess the level of risk that we're willing to tolerate. And the level of anxiety that we're willing to tolerate around birth which feels unequal in terms of what's available throughout the country."*

Pregnant Service User, Banbury

*"I had really fixed on going to the JR but I work almost opposite the JR and I knew what the traffic was like. It was keeping me awake at night. I decided that I would go to the Horton as it would be more comfortable and then that was keeping me awake at night. I just did not know what to do; I was absolutely terrified."*

Service User, Banbury

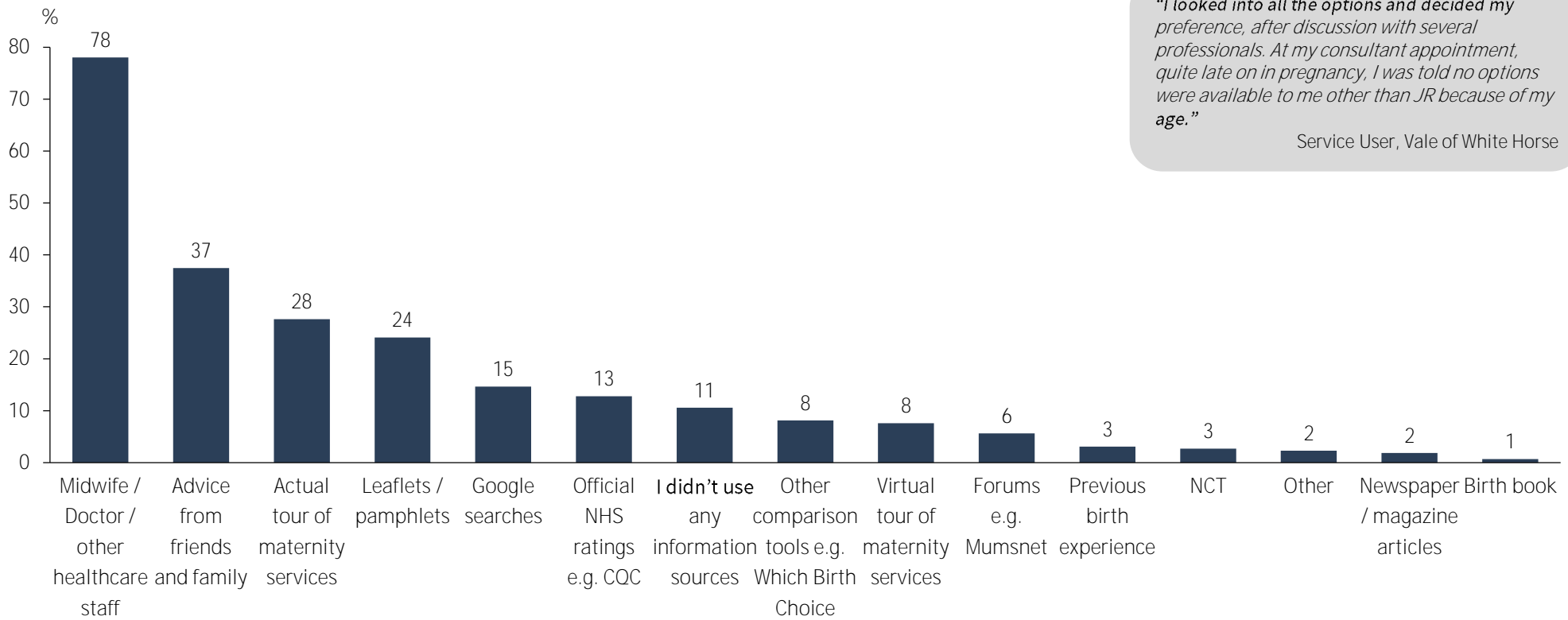
Healthcare professionals are the main source of information for users of maternity services. Many felt that a central information resource on maternity services, e.g. a website, would be an extremely helpful reference point



DECISION MAKING | SOURCES

Q. Which of the following information sources did you use when making your decision about where to give birth? Please select all you used

Base: All service users (1,013)

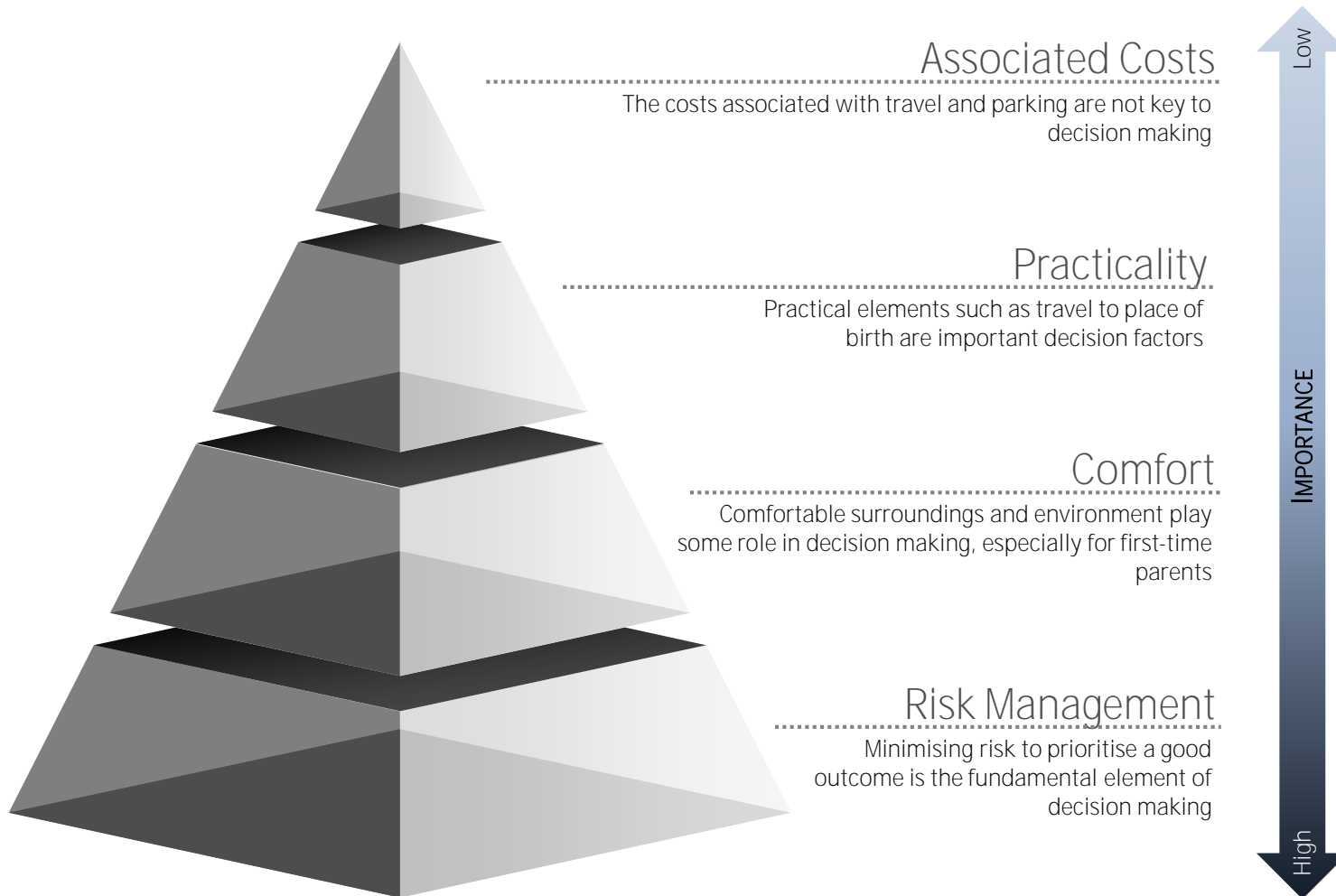


*"I looked into all the options and decided my preference, after discussion with several professionals. At my consultant appointment, quite late on in pregnancy, I was told no options were available to me other than JR because of my age."*  
 Service User, Vale of White Horse



There is a broad hierarchy of needs for service users that is built on minimising risk

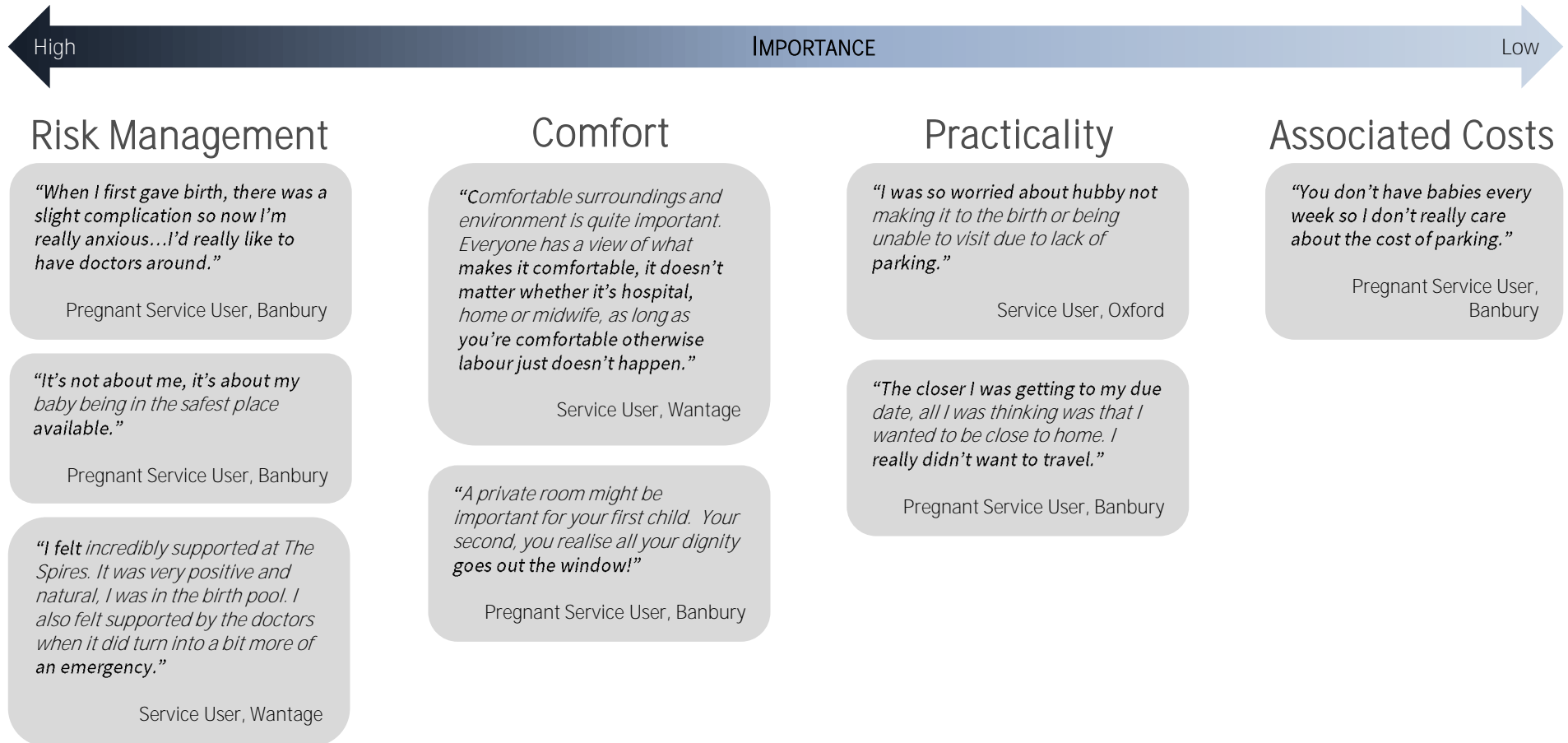
DECISION MAKING | KEY SELECTION CRITERIA



While some expecting mothers favour a more natural experience and minimal intervention, the reassurance of knowing there is medical support on hand is an important consideration



DECISION MAKING | KEY SELECTION CRITERIA



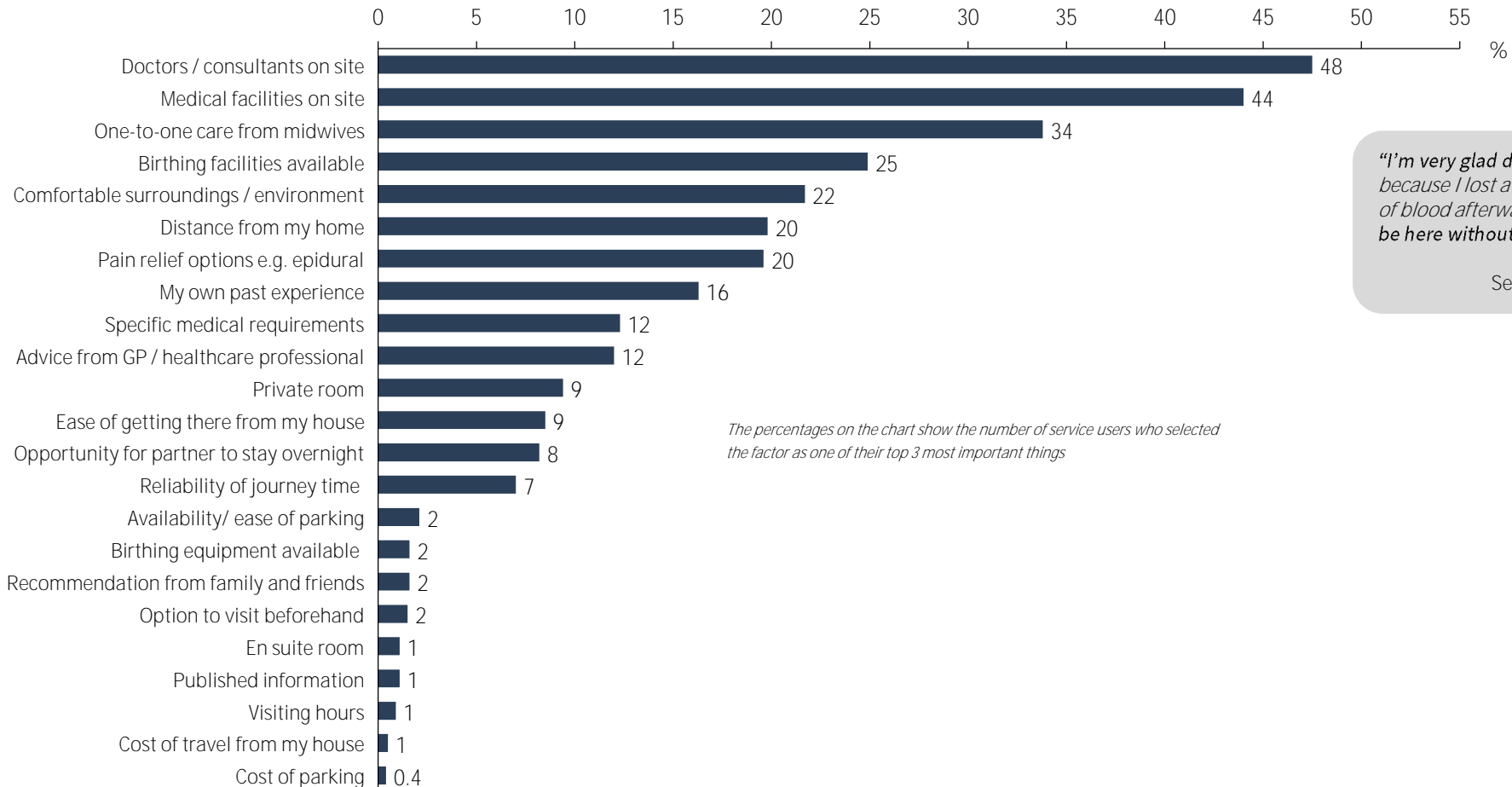
# Overall, having doctors and medical facilities on site if they are needed are the most important factors to service users



## DECISION MAKING | KEY DECISION FACTORS

### Q. And from this list, what were the top three most important things to you in making your decision?

Base: All service users (1,013)



*“I’m very glad doctors were around because I lost a significant amount of blood afterwards so I might not be here without that.”*

Service User, Wantage

The percentages on the chart show the number of service users who selected the factor as one of their top 3 most important things



# Preferences and priorities vary depending on outlook and circumstances

## DECISION MAKING | KEY DECISION FACTORS

Q. And from this list, what were the top three most important things to you in making your decision?

Base: All service users (1,013)

	All service users (1,013)	Cherwell (321)	First time mother (523)	Given birth before (490)	Near obstetric services (461)	Far from obstetric services (574)
Doctors / consultants on site	48%	42%	48%	47%	52%	44%
Medical facilities on site	44%	44%	45%	43%	45%	43%
One-to-one care from midwives	34%	30%	35%	33%	33%	35%
Birthing facilities available	25%	26%	31%	19%	26%	24%
Comfortable surroundings / environment	22%	20%	23%	21%	19%	24%
Distance from my home	20%	28%	17%	22%	20%	19%
Pain relief options e.g. epidural	20%	18%	23%	17%	24%	16%
My own past experience	16%	10%	1%	32%	15%	17%
Specific medical requirements	12%	10%	12%	13%	13%	12%
Advice from GP / healthcare professional	12%	12%	10%	14%	10%	14%
Private room	9%	5%	14%	5%	11%	8%
Ease of getting there from my house	9%	14%	7%	10%	7%	10%
Opportunity for partner to stay overnight	8%	7%	11%	6%	8%	9%
Reliability of journey time	7%	14%	7%	7%	5%	9%
Availability/ ease of parking	2%	5%	2%	2%	2%	2%
Birthing equipment available	2%	1%	2%	2%	2%	1%
Recommendation from family and friends	2%	1%	2%	1%	3%	1%
Option to visit beforehand	2%	1%	2%	1%	0.2%	3%
En-suite room	1%	0.4%	2%	1%	1%	1%
Published information	1%	0.2%	2%	1%	1%	1%
Visiting hours	1%	2%	1%	1%	1%	1%
Cost of travel from my house	1%	2%	0.3%	1%	-	1%
Cost of parking	0.4%	1%	-	1%	-	1%

Service users were broadly aware of what was offered at each location, although there are some examples of misunderstandings

Decision-making



## DECISION MAKING | PLACES | PERCEIVED AVAILABILITY OF SERVICES

## Q. Which of the following services did you understand to be available at each location?

Base: Various; all service users considering location, see table

	Caesarean delivery	Forceps delivery	Ventouse suction cup	Intravenous drip	Baby heartbeat monitoring	Epidural	Injection of painkillers	Gas and air	TENS machine	Water / birthing pool	Specialist treatment for newborns
Obstetric Unit, JR (720)	96%	95%	90%	92%	95%	98%	89%	97%	61%	62%	92%
Oxford Spires MLU, JR (561)	12%	21%	21%	20%	49%	17%	47%	97%	76%	95%	23%
Horton MLU (223)	4%	23%	16%	14%	56%	10%	40%	97%	71%	90%	5%
Home birth (109)	0%	6%	4%	2%	19%	-	25%	80%	77%	80%	4%
Cotswold Birth Centre (105)	0%	9%	8%	7%	45%	0%	41%	96%	75%	95%	3%
Wallingford Maternity and Birthing Centre (104)	0%	10%	11%	8%	32%	0%	35%	95%	83%	95%	2%
Obstetric Unit, Warwick Hospital (60)	91%	91%	81%	90%	91%	91%	85%	91%	78%	77%	87%
Wantage Maternity Unit (41 <sup>1</sup> )	0%	9%	11%	4%	38%	0%	24%	92%	75%	91%	0%

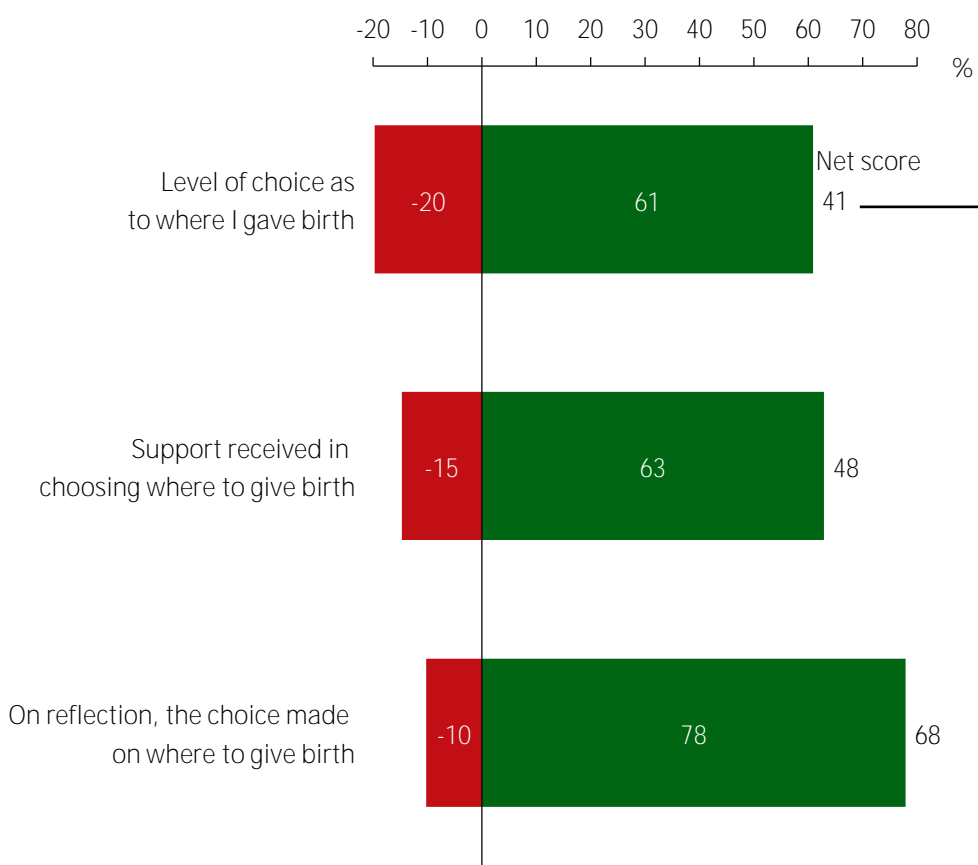
At a general level, those living further from obstetric services have lower levels of satisfaction with the choice available to them. By area, dissatisfaction is most profound for Cherwell and South Northamptonshire, indicating impact of the Horton downgrade on service perceptions



DECISION MAKING | SATISFACTION

Not satisfied Satisfied

Q. How satisfied were you with the following factors? Please rate on a 1-5 scale, with 5 being highly satisfied  
 Base: All service users (1,013)



Net score (sum of highly satisfied + satisfied minus very dissatisfied + dissatisfied)							
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire	Near obstetrics	Far from obstetrics
(321)	(191)	(163)	(148)	(118)	(63)	(461)	(574)
12%	54%	45%	62%	60%	-2%	49%	35%
30%	52%	47%	63%	64%	36%	53%	45%
48%	75%	71%	82%	68%	64%	72%	64%

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- *Service user journey*
- Impact & improvements

# While recognising that pregnancy and childbirth is inherently unpredictable, there are many common themes around an *ideal* maternity services journey

## JOURNEY | IDEAL JOURNEY

*“A birth flow plan would actually be a much better way to describe it. A decision tree. Preference is a much better word than plan because a plan can leave you quite disheartened if things change.”*

Service User, Banbury

Continuity of care: healthcare professionals and notes

*“It was amazing continuity of care . The midwife knew exactly what was going on with me and she remembered random facts that weren’t important at all . She was really lovely.”*

Service User, Banbury

A package of care that follows the patient

*“I was living in Warwickshire when I fell pregnant, but was about to move to Northamptonshire. I thought this was handled really well and I didn’t have to have duplicate tests or scans.”*

Service User, South Northamptonshire

Feeling safe

*“My midwife made me feel safe and cared for. Without her, it would have been a very different experience. The process of labour and birth was long and scary but she made it better.”*

Service User, Oxford City

Doctors / intervention on hand, IF required

*“I didn’t want the cascade of intervention. As soon as we turned up at the JR that was it... monitoring and probes on her head and drips.”*

Service User, Wantage

Access to support network (partner, family)

*“I guess we’re having to think very much about what support we have around us, family and friends wise, in terms of having that time away.”*

Service User, Wantage

Control of the controllable

*“The care I received during labour was great. The breech team made me feel very special and in control*

Service User, Cherwell

Informed choices – in control

*“You should be able to have a conversation about your care and you have a right to say yes or no to things.”*

Service User, Banbury

Communication / information as things develop

*“The staff at the JR for my induction and while I was giving birth were fabulous....they made me feel at ease, explained everything fully and let me make my own choices.”*

Service User, Vale of White Horse

No unnecessary stress / anxiety

*“You just don’t need that added stress because it can be stressful already and you don’t want stress on the baby and yourself.”*

Service User, Banbury

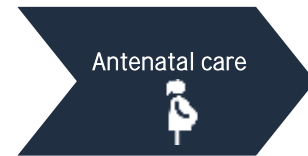
Understanding of needs

*“Midwives and the health visitors need to do their own handover and talk to each other. When the health visitor comes they say ‘I’ve already spoken to your midwife and I understand you had a vaginal delivery and know what you need.’”*

Service User, Wantage



# Antenatal services are provided across a range of locations and the Horton tends to be used for routine care by Cherwell residents

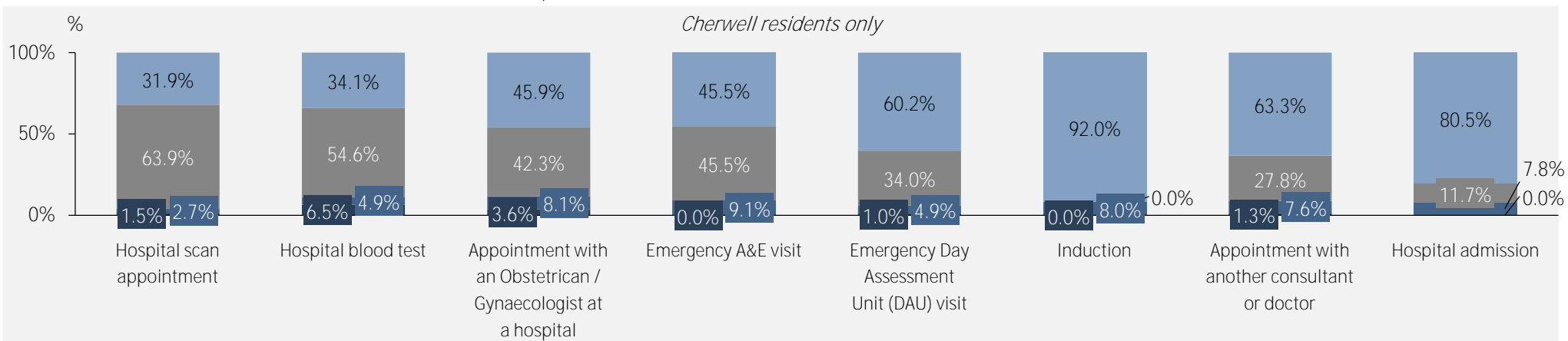
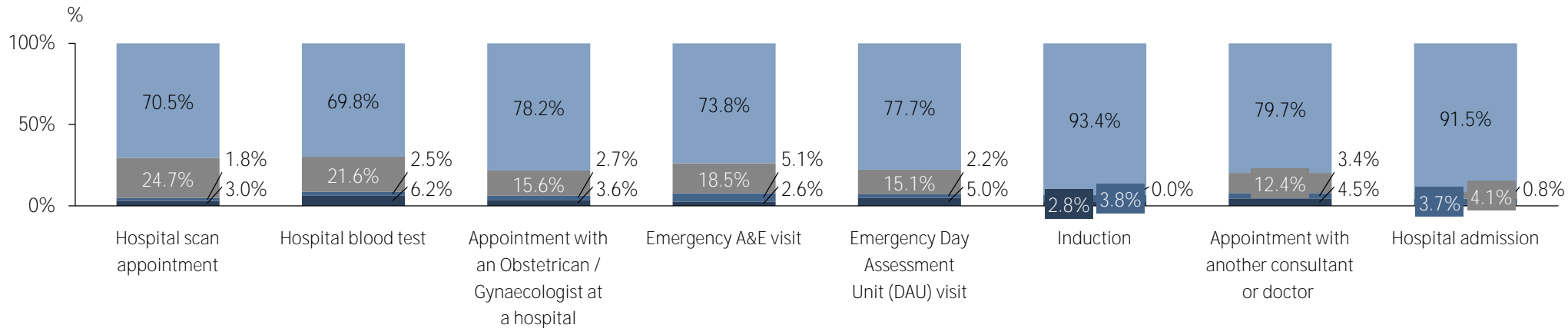


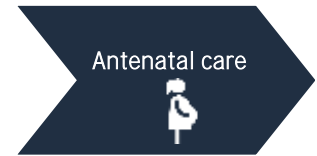
## JOURNEY | ANTENATAL CARE | FACILITIES USED | LOCATION

Q. For each of the services you selected in the previous question, please select where you went for these appointments from the drop down lists

Base: All service users who used service / facility

- John Radcliffe Hospital, Oxford
- Warwick Hospital, Warwick
- Horton General Hospital, Banbury
- Somewhere else



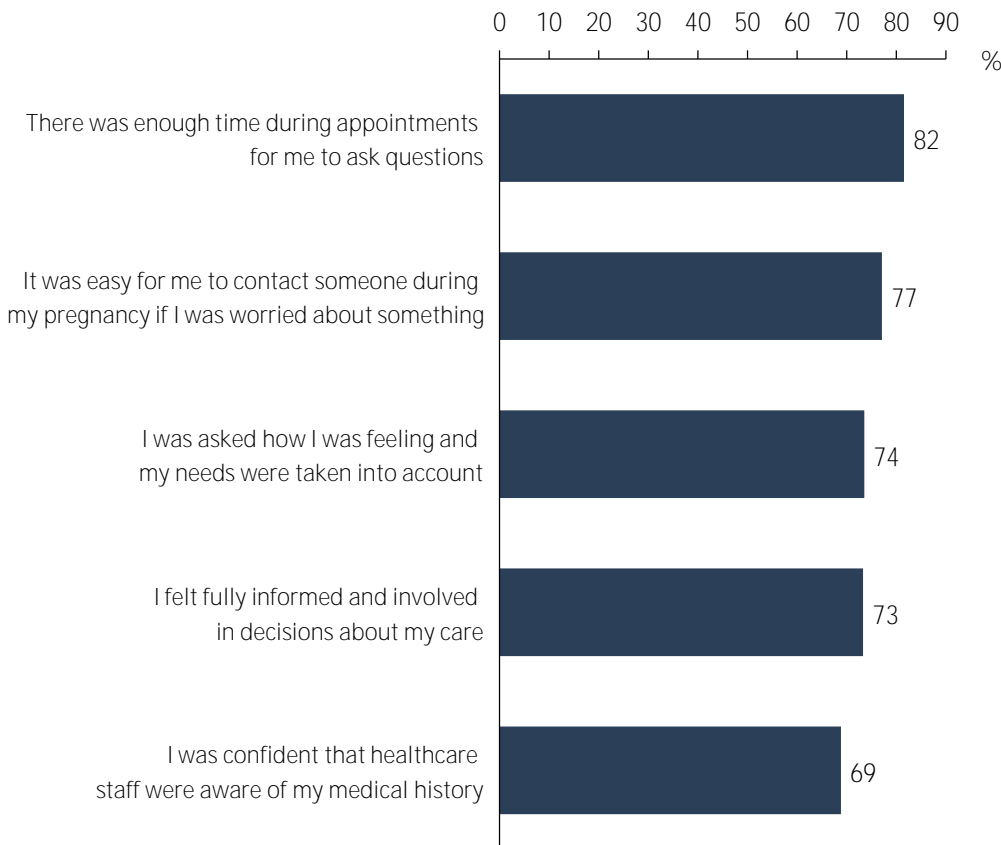


# Service users across different council areas have a similar quality of antenatal experience

## JOURNEY | ANTENATAL CARE | STATEMENTS

Q. Thinking about your experience of antenatal care during your most recent pregnancy, please indicate the extent to which you agree with each of these statements, % strongly agree + agree

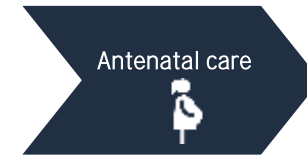
Base: All service users (1,013)



% of service users selecting strongly agree + agree by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
(321)	(191)	(163)	(148)	(118)	(63)
79%	82%	80%	80%	85%	88%
74%	74%	78%	82%	85%	69%
72%	73%	71%	77%	74%	81%
70%	73%	71%	78%	78%	76%
67%	72%	64%	72%	68%	69%



# The quality of antenatal care is highly rated by service users. Cherwell is particularly well-regarded for continuity of antenatal care

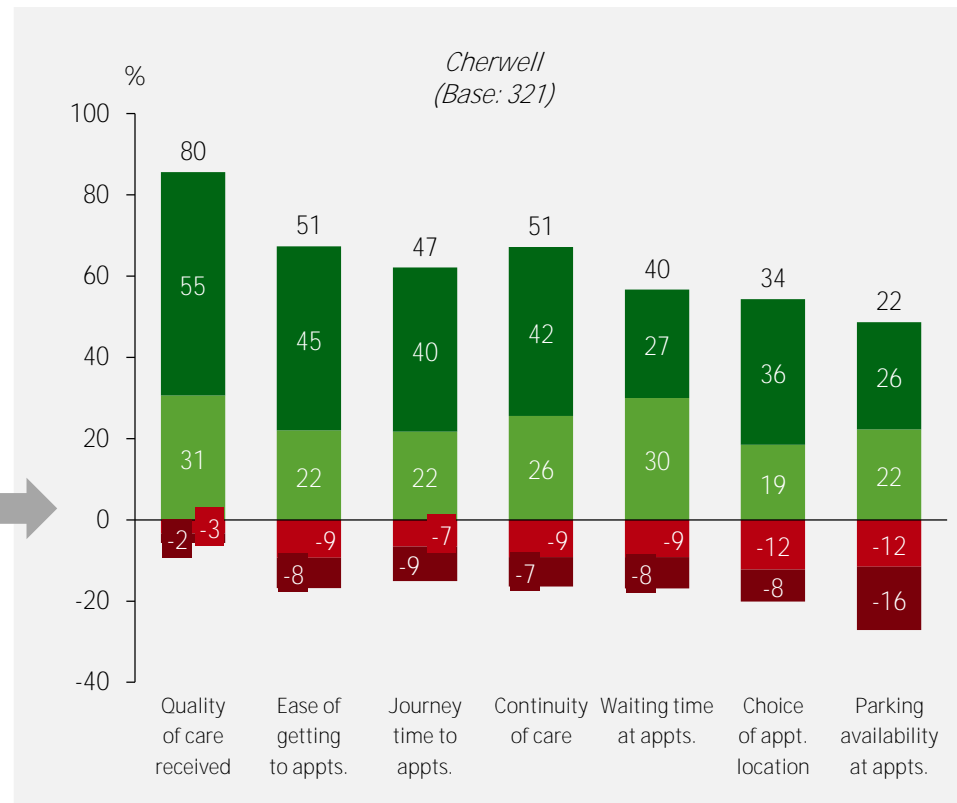
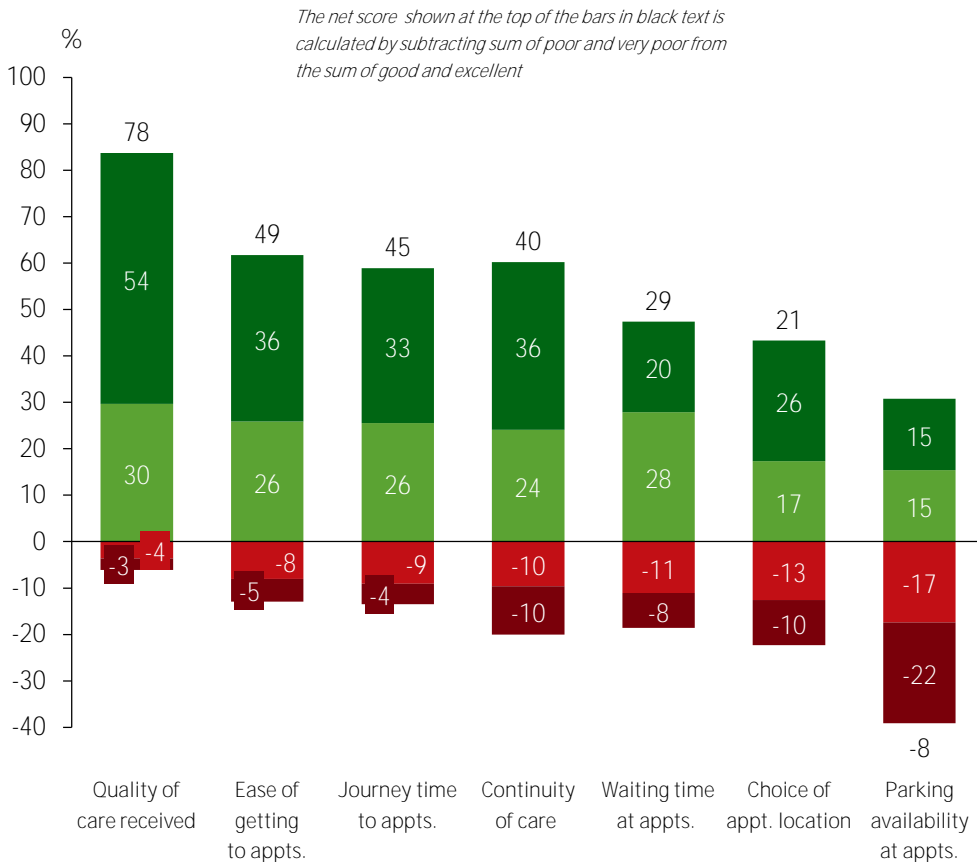


## JOURNEY | ANTENATAL CARE | RATINGS

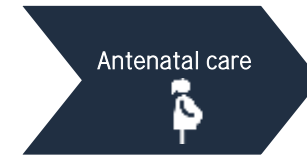
Very Poor Poor Good Excellent

Q. Thinking about your experience of antenatal care during your most recent pregnancy, please rate each of the following

Base: All service users (1,013)



# Feedback from service users across the catchment area regarding antenatal care can be grouped into themes around continuity of care, choice of location, information and logistics



## JOURNEY | ANTENATAL CARE | FEEDBACK

*“Appointments were either unreasonably long or stupidly short with no time to ask questions. It was hard to get hold of anyone to help with advice or questions about my pregnancy.”*  
Service User, Cherwell

*“For antenatal appointments, one clinic I was visiting on a weekly basis had wait times of 1-2 hours. It would have helped if my different appointments could have been better scheduled so I didn't have to go back several times a week. With two medical issues during pregnancy, I felt that communication between different teams was non-existent which led to stress and confusion.”*  
Service User, West Oxfordshire

*“My care was inconsistent as I rarely saw the same midwife twice during my antenatal care.”*  
Service User, Oxford City

*“In all the times I went to hospital, I didn't see the same doctor twice. They didn't have time to read my notes, each time they'd come in and ask what happened and for my history. Then you think 'Did I forget to tell them something? Will this have affected my care?'”*  
Service User, Banbury



*“I had a lot of tests as I was higher risk, I was often sent to the JR for these and then they would say 'you could have had this done at the Horton.' That was frustrating as I was taking a whole day off work for appointments. Why can't more routine appointments be pushed to the Horton?”*  
Service User, Banbury

*“Every scan appointment at the JR was so stressful trying to get parked and it takes even longer to go by bus.”*  
Service User, West Oxfordshire

*“Accessing appointments at the JR is a nightmare due to traffic and parking, even though we only live a few miles away.”*  
Service User, Oxford City

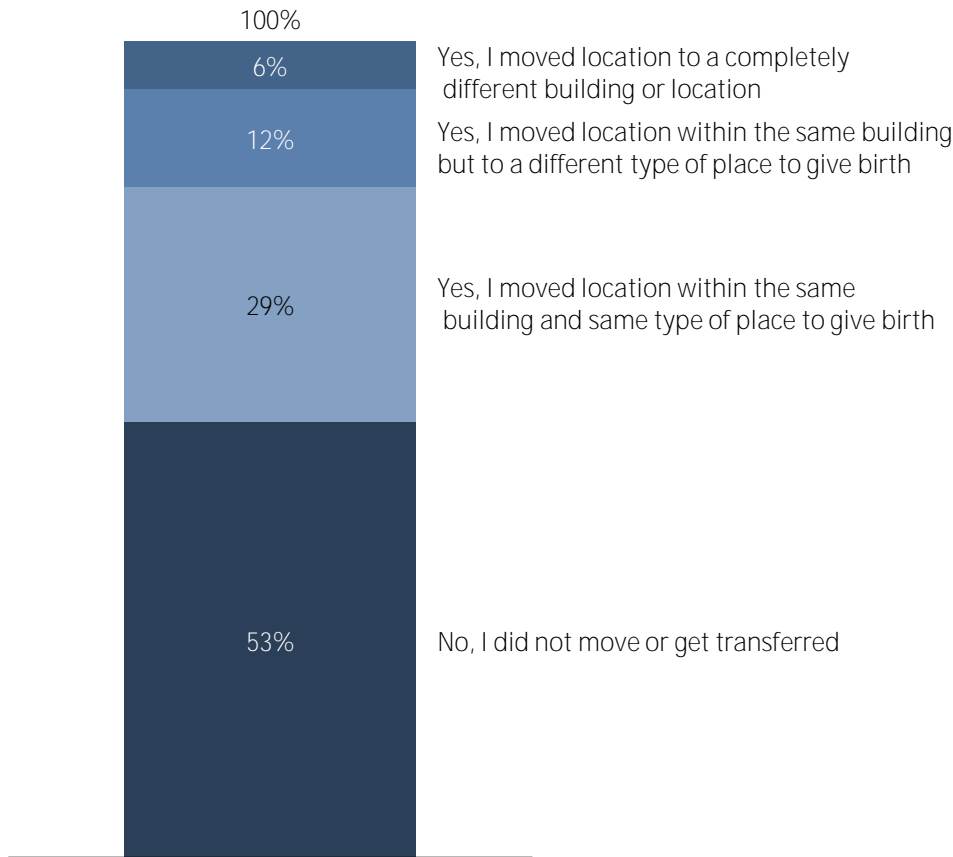
47% of service users were moved during their labour, with wheelchair / trolley being the most common mode of transport



JOURNEY | LABOUR & BIRTH | TRANSFERS

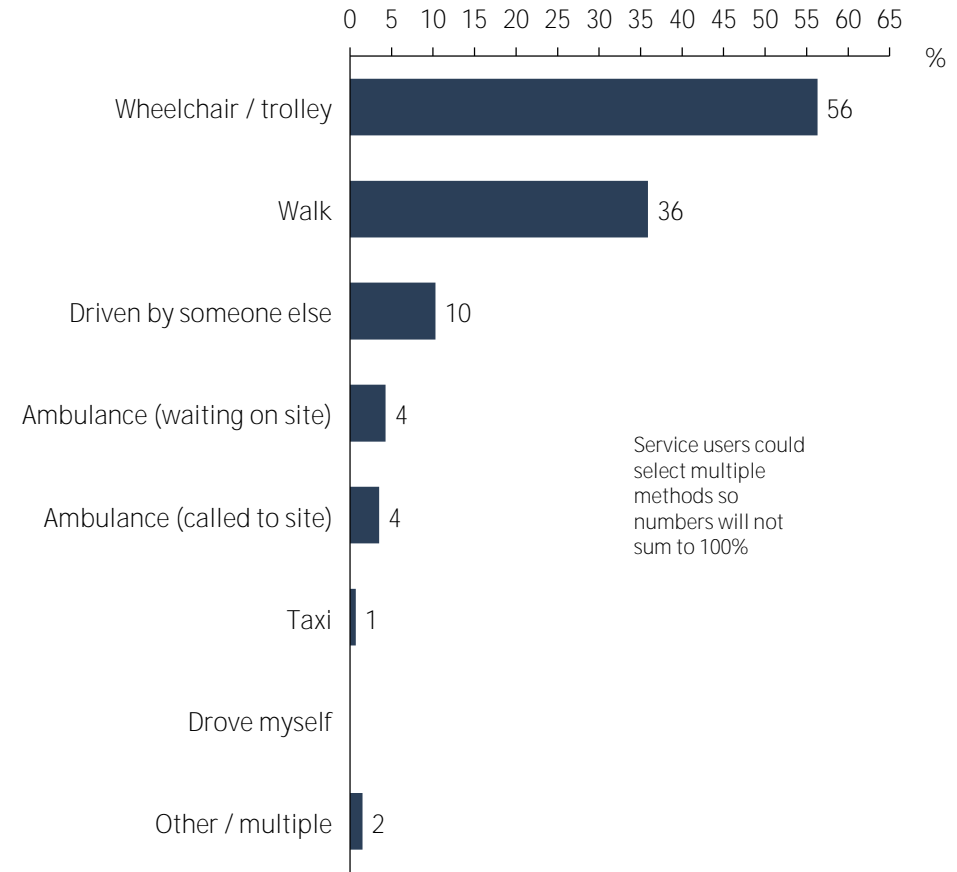
**Q. Did you move location or get transferred during your labour?**

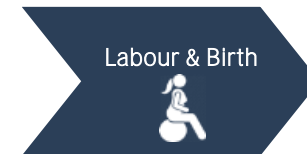
Base: All service users (1,013)



**Q. What mode of transport was used for your transfer during labour?**

Base: All service users who transferred during labour (479)





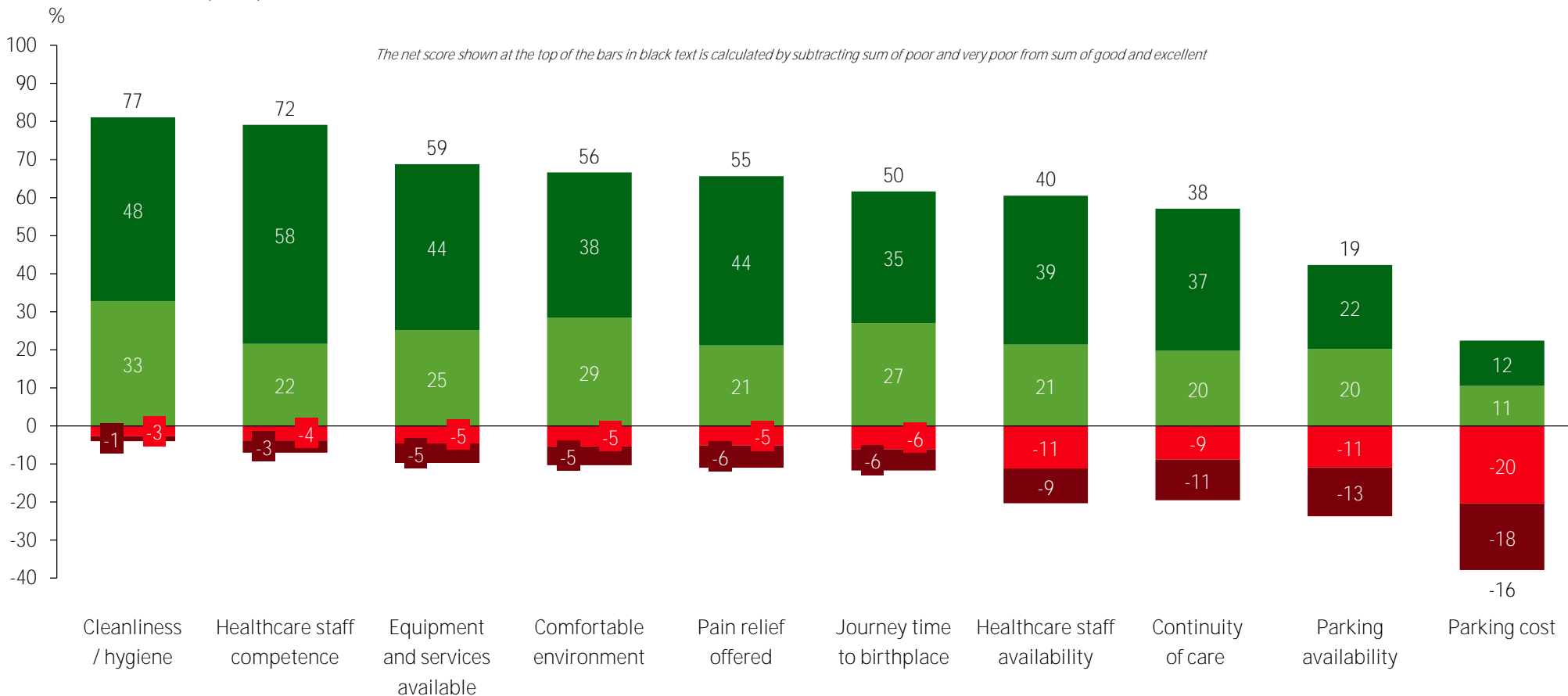
# Service users rate cleanliness and healthcare staff competence very highly but give lower overall scores to parking, continuity of care and staff availability

## JOURNEY | LABOUR & BIRTH | RATINGS

Very Poor Poor Good Excellent

### Q. Thinking about your experience of labour and birth, please rate each of the following

Base: All service users (1,013)



During labour, the majority of women were satisfied with the level of partner involvement, and felt confident in staff and treated with respect and dignity. There is room to improve areas such as patient transfers and medical history awareness



JOURNEY | LABOUR & BIRTH | RATINGS

Q. Thinking about your experience during labour and birth, please indicate the extent to which you agree with each of these statements. % strongly agree + agree

Base: All service users (1,013)



% of service users selecting strongly agree + agree by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
(321)	(191)	(163)	(148)	(118)	(63)
82%	92%	81%	89%	85%	85%
80%	80%	80%	88%	81%	84%
79%	76%	81%	84%	80%	80%
66%	72%	74%	79%	77%	72%
68%	73%	75%	72%	69%	64%
65%	71%	70%	66%	68%	71%
62%	70%	66%	66%	67%	63%
61%	64%	61%	63%	67%	52%
59%	60%	60%	62%	59%	61%



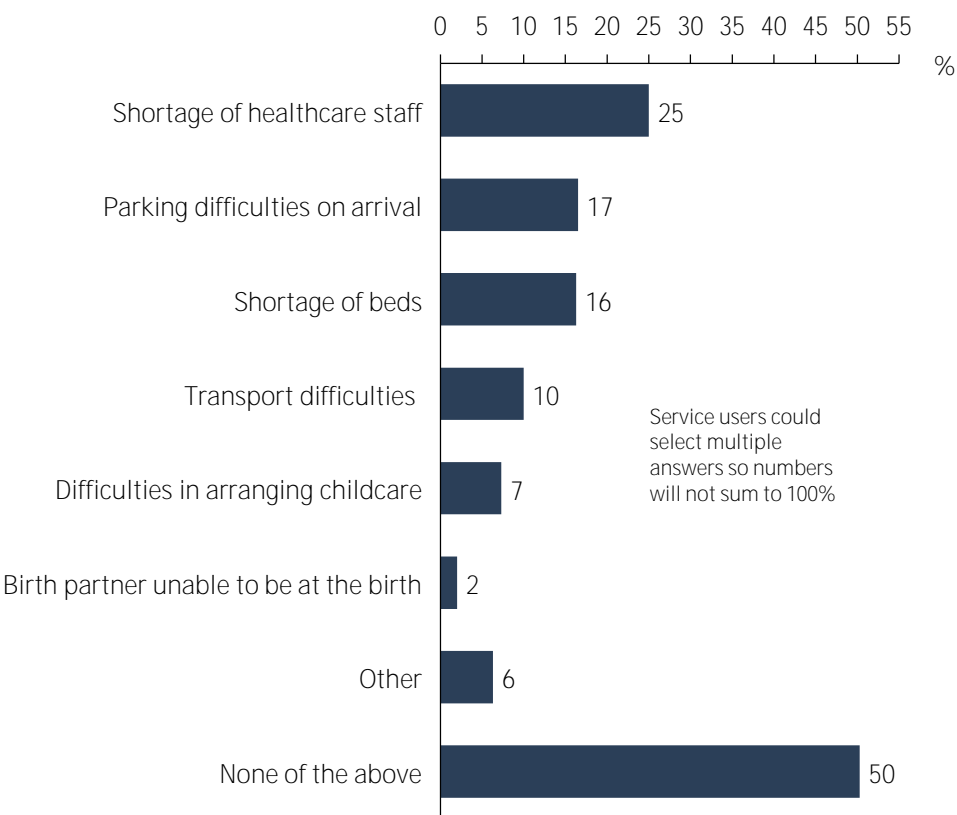
# Half of service users identified at least one negative aspect of their labour, with a shortage of staff and parking difficulties most cited

## JOURNEY | LABOUR & BIRTH | SPECIFIC INCIDENTS

Q. Did any of the following apply to you and your most recent experience of giving birth? Multiple choice

Base: All service users (1,013)

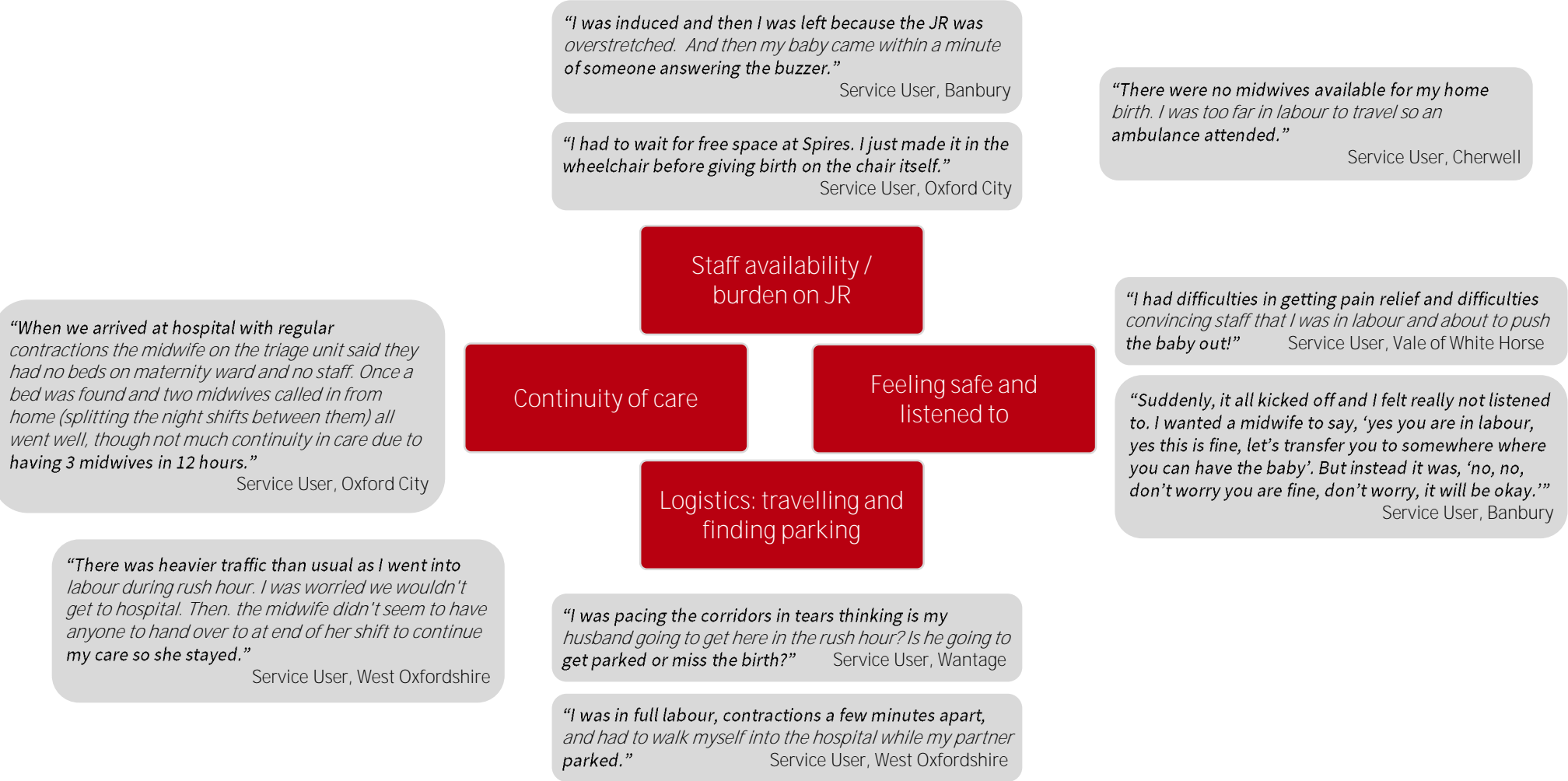
% of service users by area					
Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
(321)	(191)	(163)	(148)	(118)	(63)
27%	25%	20%	26%	27%	29%
24%	14%	18%	7%	14%	22%
18%	18%	13%	16%	14%	22%
20%	4%	6%	4%	11%	19%
12%	3%	11%	5%	7%	5%
4%	1%	2%	0%	1%	6%
7%	4%	5%	7%	7%	11%
42%	52%	53%	58%	51%	43%



Feedback from service users across the catchment area regarding labour and birth can be grouped into themes around staff availability, continuity of care, feeling safe and logistics



JOURNEY | LABOUR & BIRTH



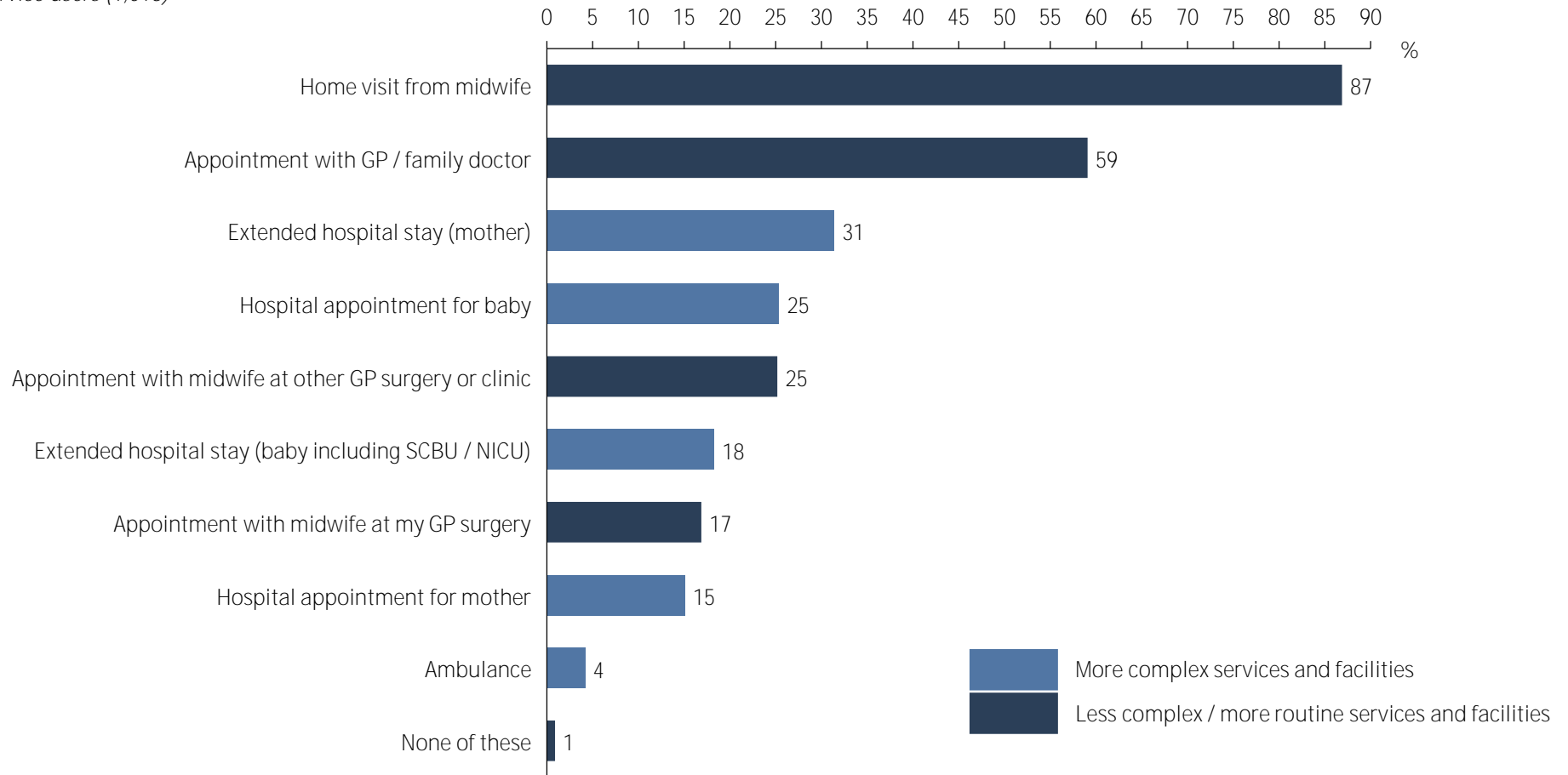
# Postnatally, the most used services were home visits from the midwife and appointments with the GP



## JOURNEY | POSTNATAL CARE | SERVICES AND MEDICAL FACILITIES

Q. Which of the following services and medical facilities did you use after your most recent birth? Please think about both immediately after giving birth and in the few weeks afterwards

Base: All service users (1,013)







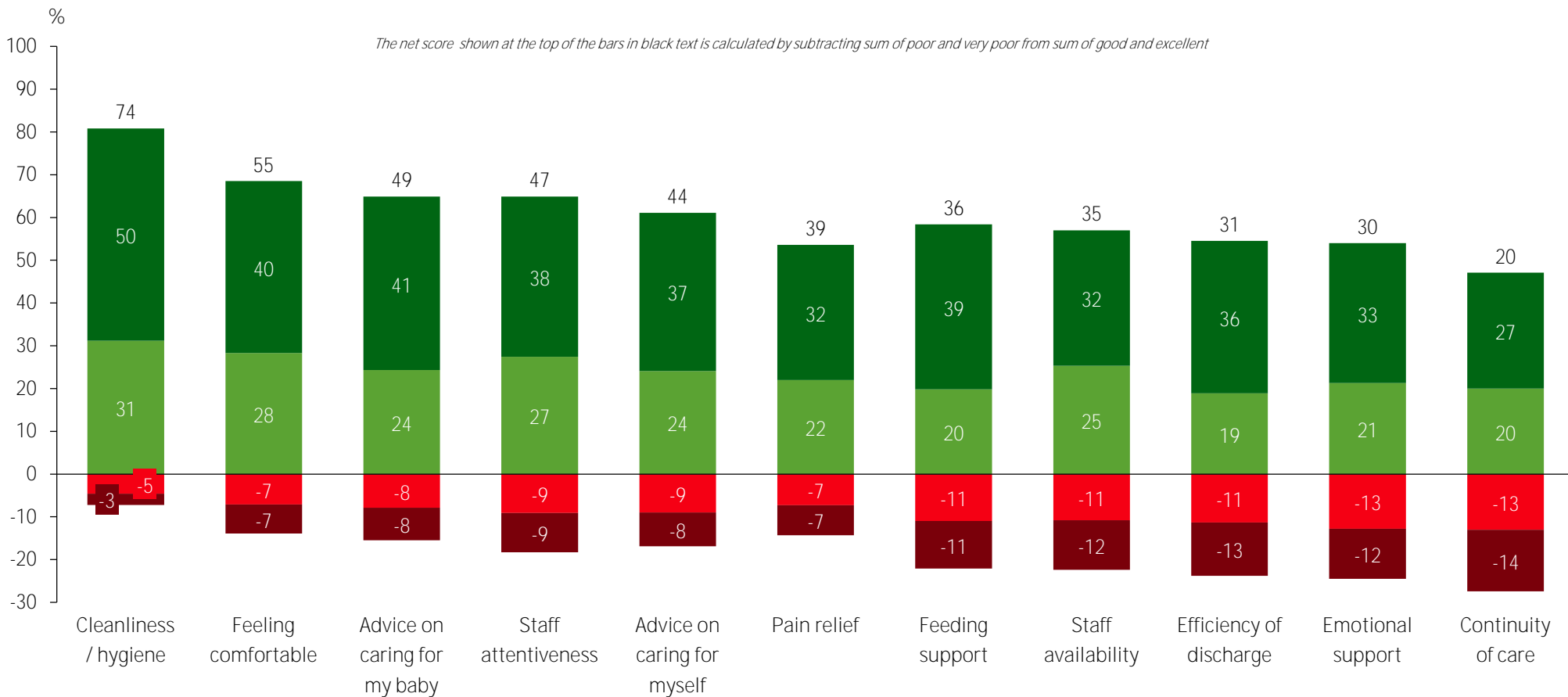
# Cleanliness and hygiene was highly rated, but service users were least satisfied with the continuity of care and emotional support received

## JOURNEY | POSTNATAL CARE | RATINGS

Very Poor Poor Good Excellent

Q. Thinking about your experience and the care you received after giving birth, please rate each of the following

Base: All service users (1,013)



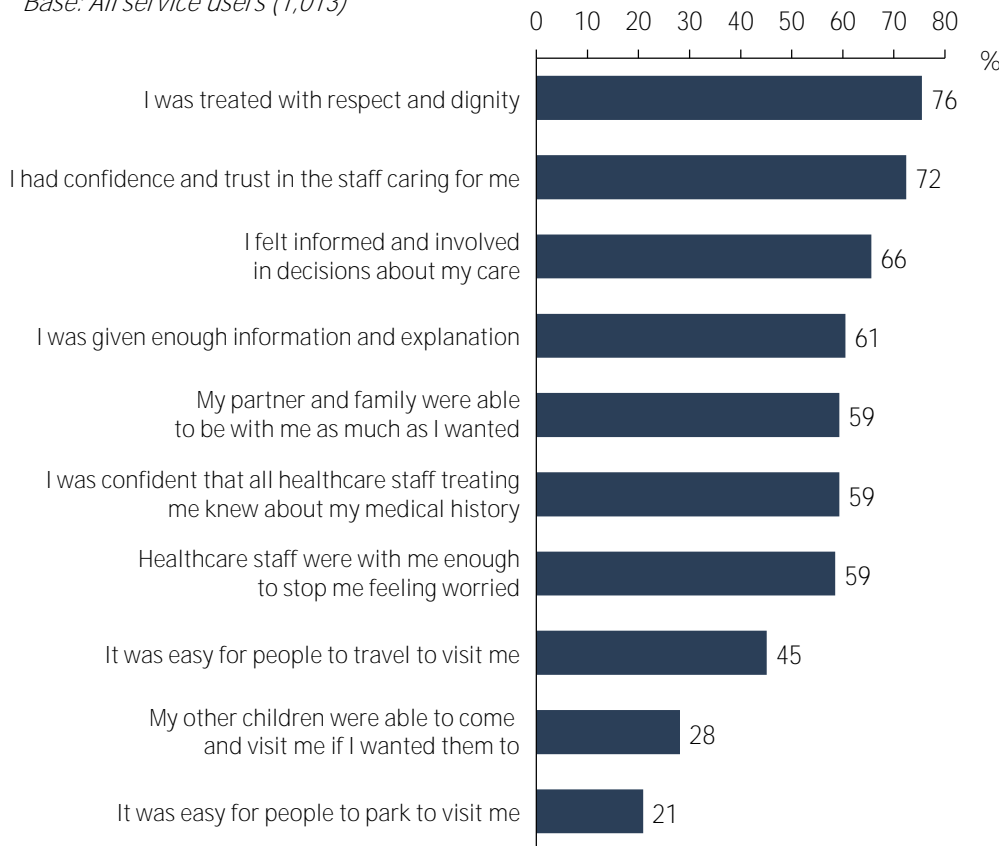
When asked about their postnatal experiences, residents of all council areas disagreed that it was easy for visitors to park and for other children to visit. Cherwell and South Northamptonshire residents reported significantly less satisfaction with ease of visitor travel



JOURNEY | POSTNATAL CARE | RATINGS

Q. Thinking about your experience and the care you received after giving birth, please indicate the extent to which you agree with each of these statements on a scale of 1 to 5 where 1 is strongly disagree and 5 is strongly agree. % strongly agree + agree

Base: All service users (1,013)

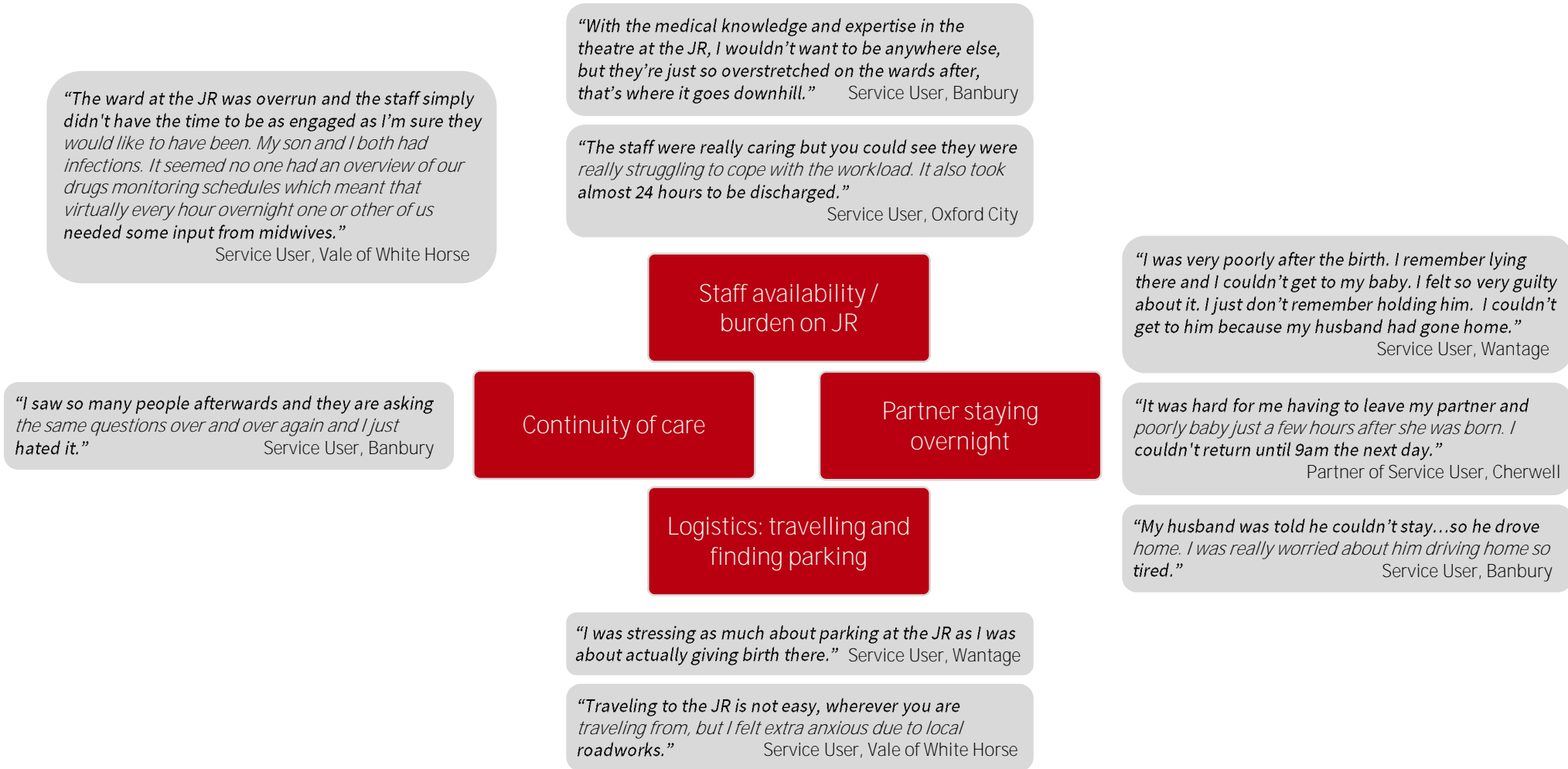


% of service users selecting strongly agree + agree by area					
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63%	66%	62%	77%	66%	55%
59%	58%	62%	65%	58%	63%
57%	64%	59%	63%	52%	57%
59%	59%	55%	60%	64%	67%
57%	57%	58%	62%	57%	61%
32%	58%	48%	54%	41%	27%
26%	34%	31%	25%	24%	23%
21%	19%	26%	18%	20%	18%

# Feedback from service users across the catchment area regarding postnatal care can be grouped into themes around staff availability, continuity of care, partners staying overnight and logistics



## JOURNEY | POSTNATAL CARE



# Stress and anxiety impact birth experience, can stall labour and change outcomes, and can cause lasting emotional damage. Anxiety levels increase significantly during the labour and birth periods



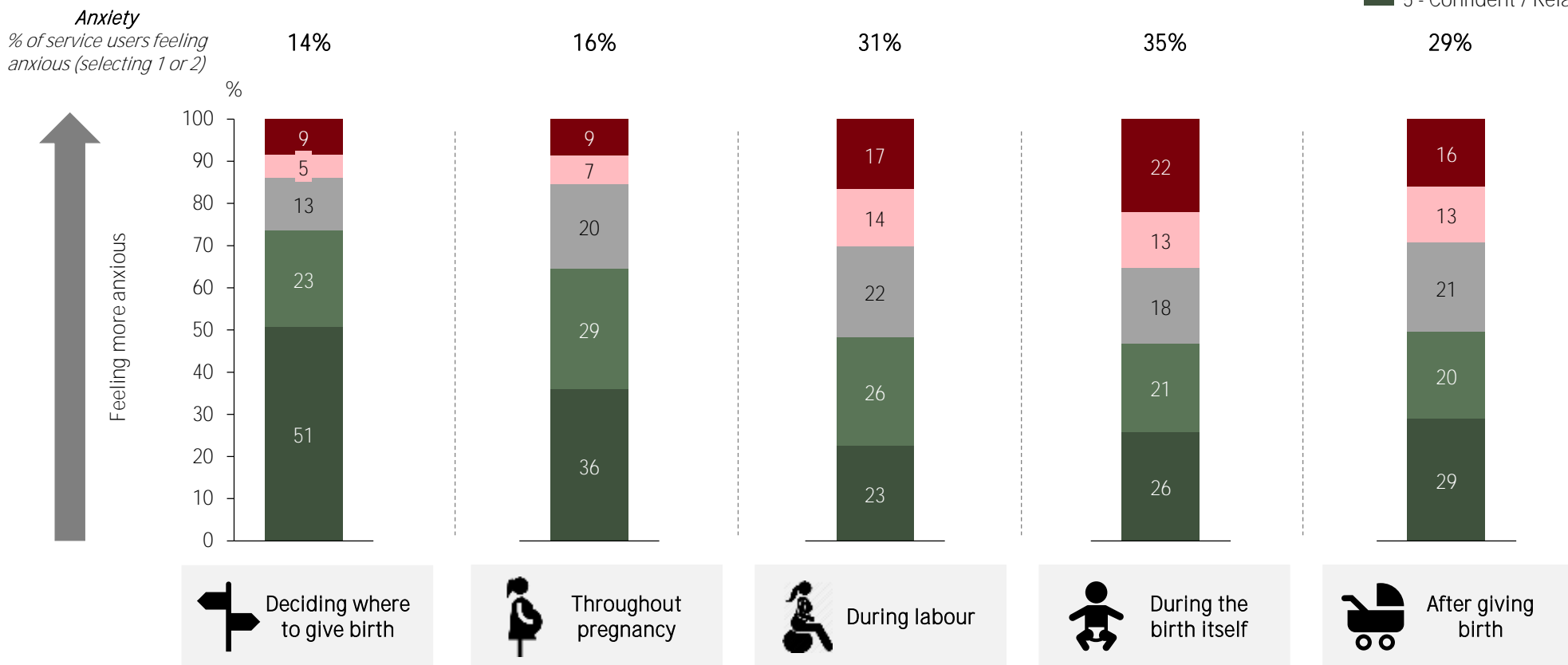
## JOURNEY | ANXIETY LEVELS

Q. Please indicate on the scale how you felt at each stage of your pregnancy and birth where 1 is anxious and 5 is confident / relaxed.

Base: All service users (1,013)

*"As long as you're comfortable, otherwise labour just doesn't happen."*  
Service User, Wantage

- 1 - Anxious
- 2
- 3
- 4
- 5 - Confident / Relaxed



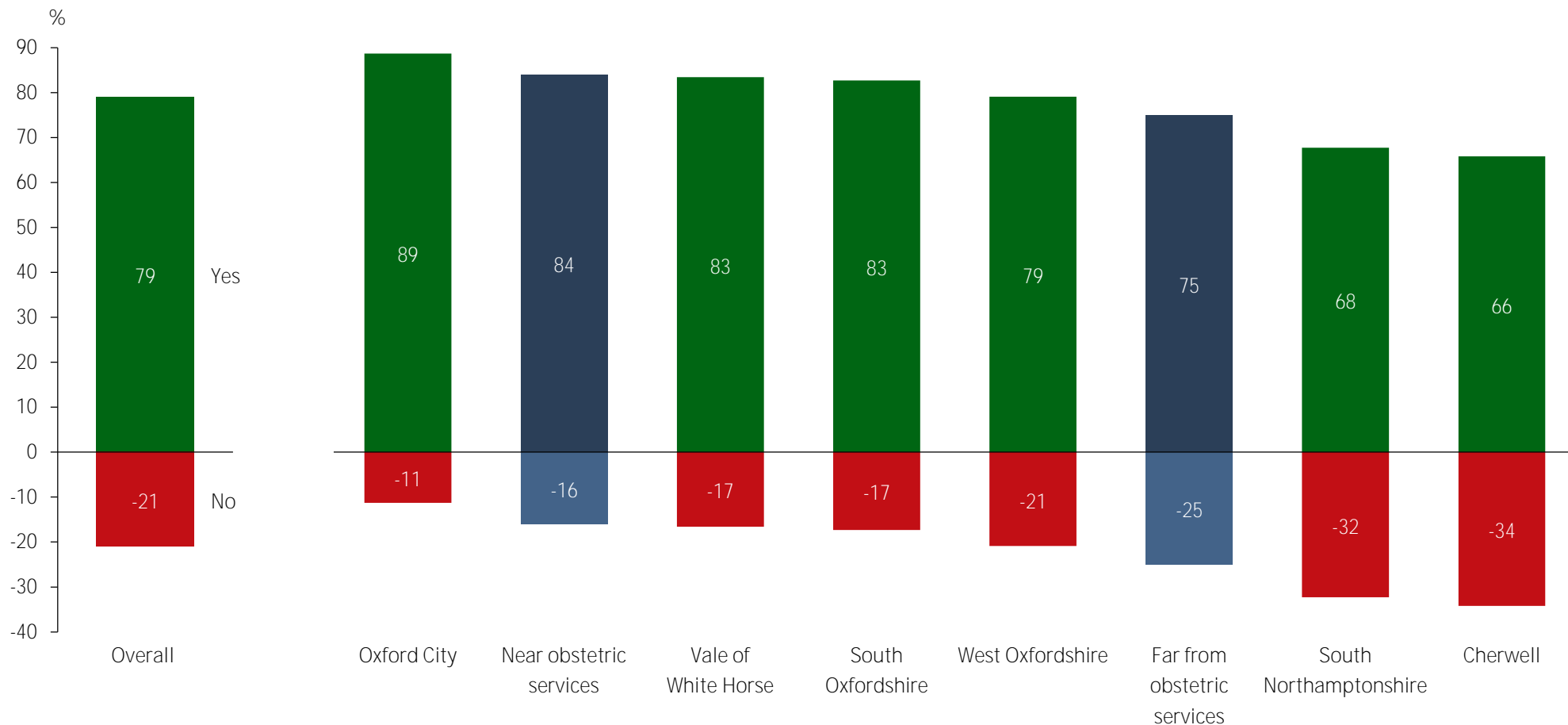


On reflection, 79% of service users would have chosen the same place to give birth. Cherwell residents are least likely choose the same place to give birth

JOURNEY | REFLECTIONS ON PLACE OF BIRTH

Q. Reflecting on your experience, would you have chosen the same place to give birth?

Base: All service users (1,013)





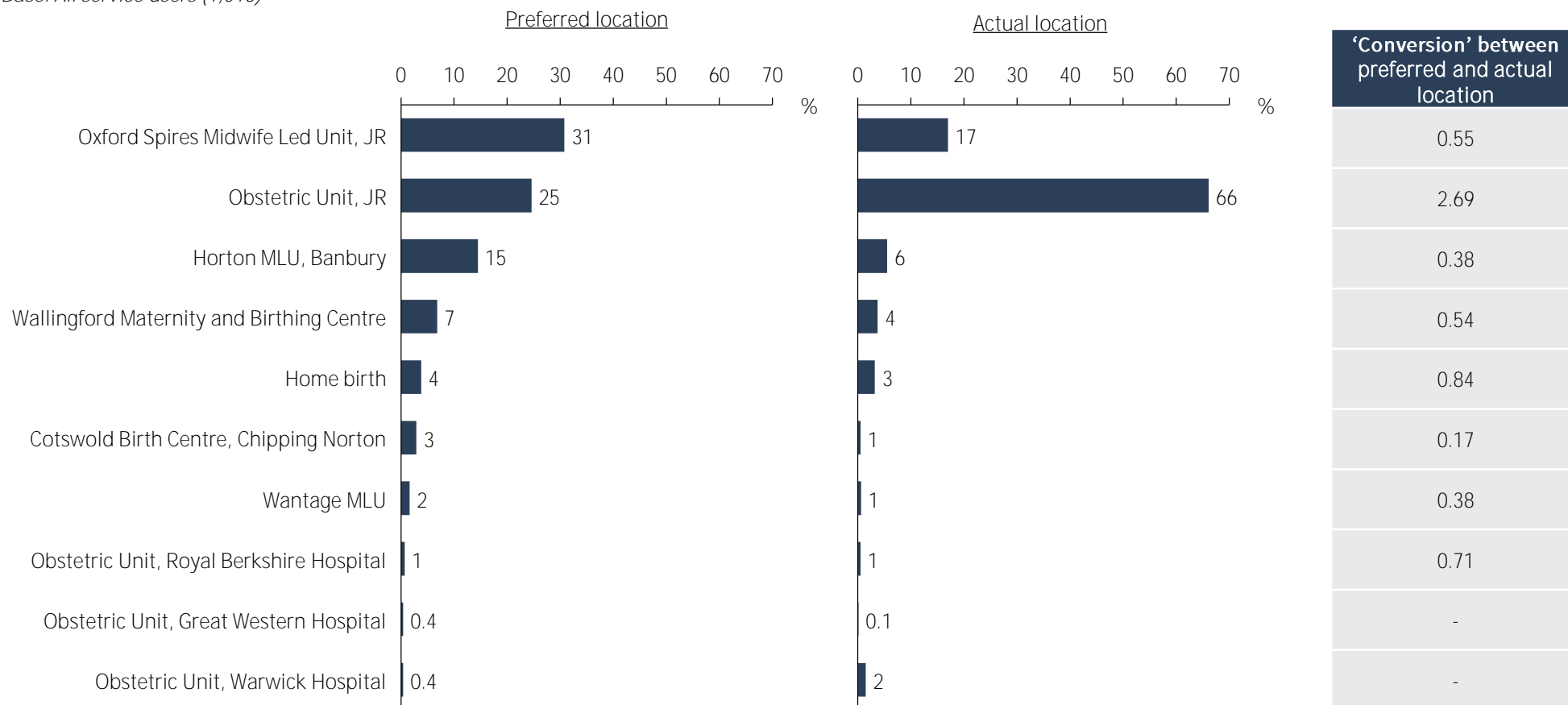
More service users would prefer to give birth at both Oxford Spires and the Horton than end up delivering there. In contrast, more service users end up delivering at the Obstetric Unit at the JR than would have chosen to do so

JOURNEY | REFLECTIONS ON PREFERENCE VS. DELIVERY LOCATION

**Q. ...and which of those places would you have preferred to have given birth at?**

**Q. ...and which of these places did you actually give birth at?**

*Base: All service users (1,013)*



# Contents

- Summary
- Project background & methodology
- Decision making
- Service user journey
- Impact & improvements

# In 2016, Better Births, a National Maternity Review was published and outlined priorities for maternity services in the UK

## IMPACT & IMPROVEMENTS | BETTER BIRTHS CONTEXT

**1. Personalised care**, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.



**2. Continuity of carer**, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.



**3. Safer care**, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.



**4. Better postnatal and perinatal mental health care**, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.



**5. Multi-professional working**, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.



**6. Working across boundaries** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.





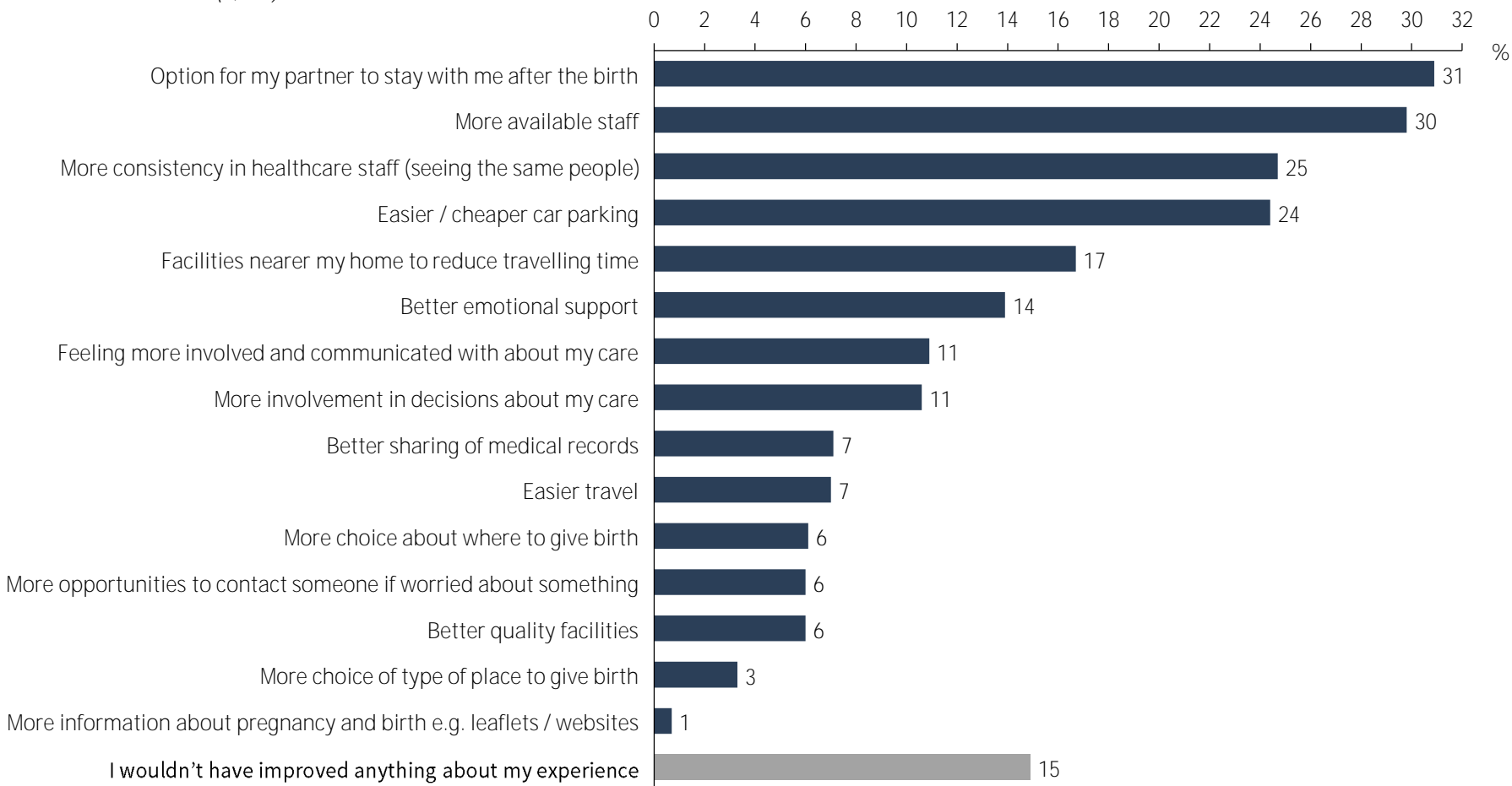
# The improvements suggested by service users also feature many of the priorities outlined in Better Births



## IMPACT & IMPROVEMENTS | IMPROVEMENTS

**Q. How could your overall experience have been improved? Please select up to 3 reasons**

*Base: All service users (1,013)*



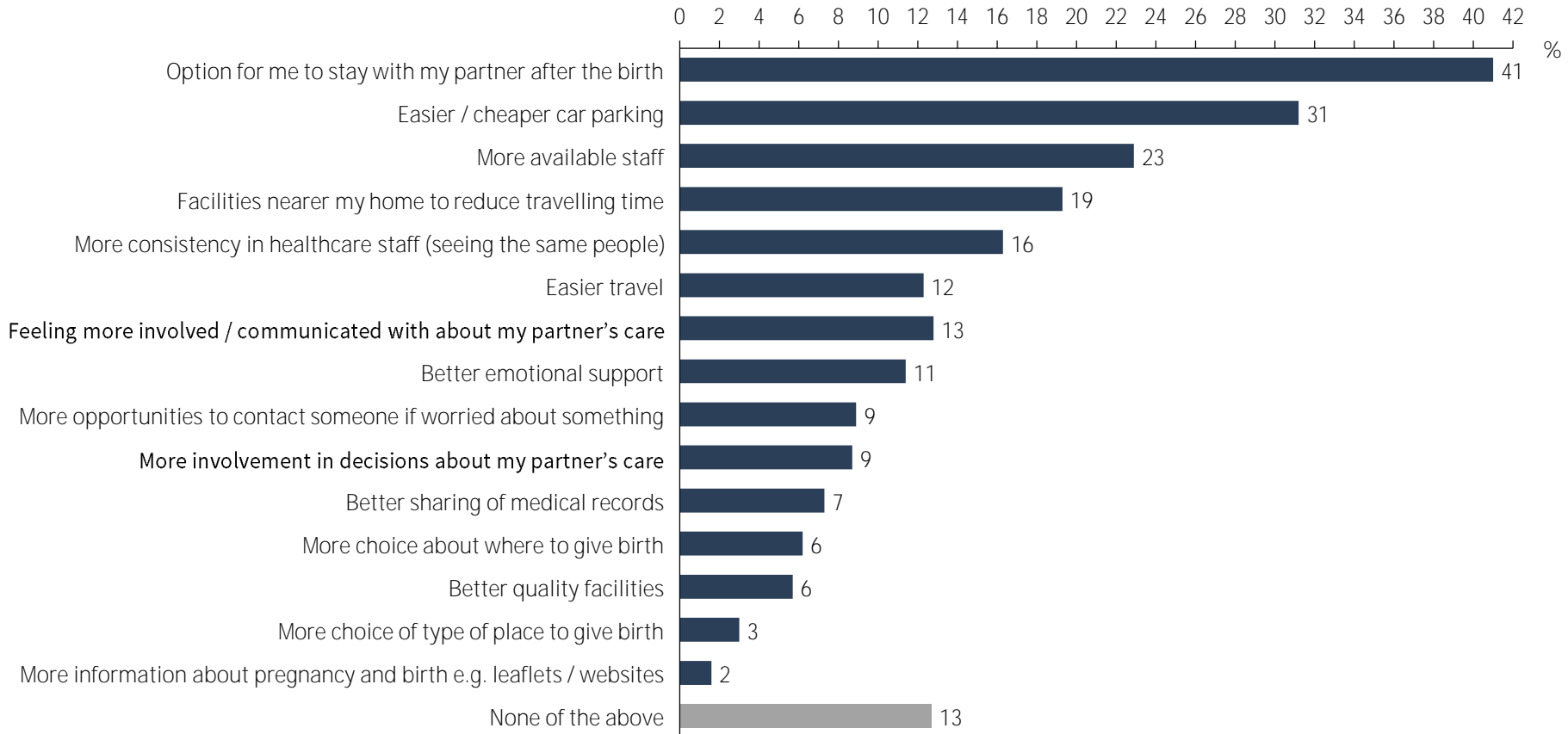
# Partners of service users cite similar areas for improvement, but with greater emphasis on practical improvements around parking and accessibility



## IMPACT & IMPROVEMENTS | IMPROVEMENTS

**Q. How could your overall experience have been improved? Please select up to 3 reasons**

*Base: All partners (436)*



These priorities also match the improvements suggested in the focus groups and interviews



IMPACT & IMPROVEMENTS | QUALITATIVE IMPROVEMENTS

Partner allowed to stay after the birth

*“The main thing I would change is partners staying. He was told at 9pm that he had to go. It certainly affected how I felt about our family unit in the early days.”*  
Service User, Wantage

Feeling safer, more supported and with more available staff

*“Better communication between the community midwife and the hospital team about the pathway I was on and being kept aware of what’s going on. I was in hospital for 3 days before I saw a consultant. That makes a difference as a patient, you want the information and to know the plan.”* Service User, Banbury

*“It was so busy in the JR, it felt a bit like being on a conveyor belt.”* Service User, Cherwell

Better continuity of care

*“I think the midwives should work in a small team and then the mums should get to know those midwives and at least have then a friendly face.”* Service User, Wantage

*“When you were actually able to get someone into the room to help you, you had to explain everything. Having the same midwife would have helped massively. My wife was kept in hospital initially because her heart rate was so erratic, I think it was the stress’.”* Partner of Service User, Banbury

*“It was extremely difficult for me to see my partner and toddler which affected his bond with my baby. Travel was over an hour and parking the same.”* Service User, Cherwell

Logistics

*“Visiting hours should be in the morning and then the evening rather than just afternoon and evening. With traffic, it was impossible for my husband and other child to visit me.”* Service User, South Northamptonshire

*“The best things about the blue folder is all the information about the appointments and what to expect. Those won’t necessarily be available in such an easy access format if they move to electronic records.”* Service User, Wantage

More joined up communication and access to records

*“When you’re going through pregnancy and birth, particularly the first time, it’s quite scary and daunting. Videos or virtual tours of places you can give birth would be really helpful to let people visualise the kind of place you might go.”* Service User, Wantage

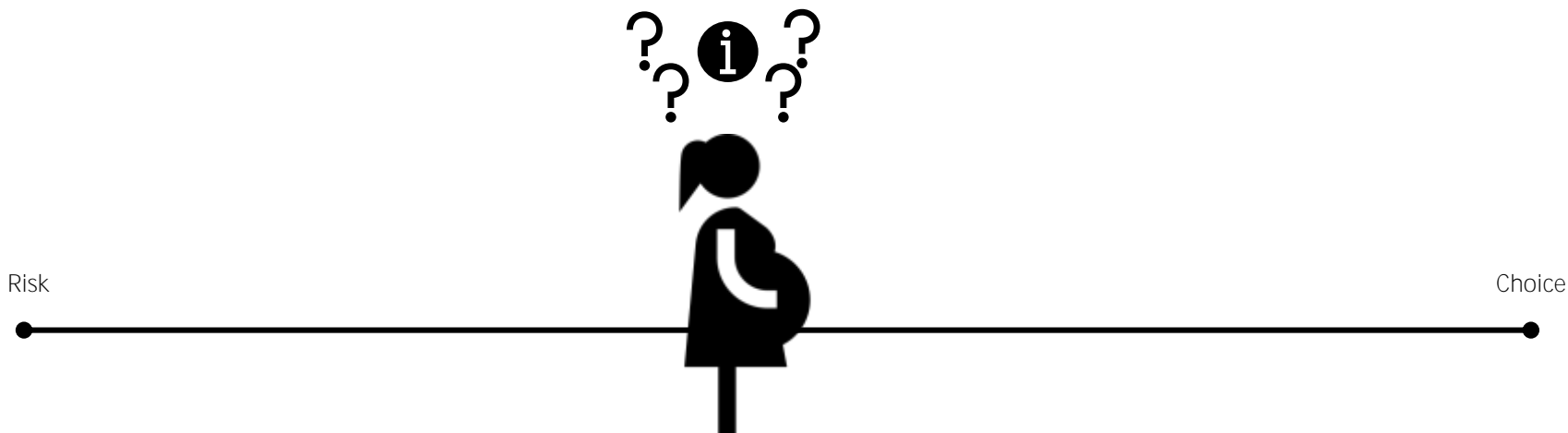
More information to support decision making and care

*“I had to sign a release form for my partner during a difficult birth. I still do not fully understand what I was signing for. A clearer explanation pre birth of some possible outcomes or contingencies to make the fathers aware would be beneficial.”* Partner of Service User, Vale of White Horse

*“I had great support with breastfeeding but I don’t think I knew anything about where to get support beforehand . You need it all written down and pinned to the fridge – it’s Monday at 7am, who can I talk to?”* Service User, Wantage

The Horton was previously the default choice for many women living nearby, yet the closure of consultant-led care has made it as a more difficult decision with greater perceived risk

IMPACT & IMPROVEMENTS | THE HORTON



Temporary closure of consultant-led care at Horton General Hospital

*“I needed a 2.5 hour repair job after my first baby, what would have been the choice if that had happened with this one? Guidelines say that women have a choice, I didn’t feel like I had a choice as I wanted medical facilities.”*

Service User, Banbury

*“There’s a general sense of anxiety and uncertainty now around the birthing options. A few years ago, we assumed that we would give birth at our local hospital.”*

Service User, Banbury

*“Feeling safe, feeling like you have a nest. It all feels like it’s been shifted down our priorities because of what’s happened at the Horton. This time around, I’m thinking risk management, practicality management, how am I going to make this work in a way that is not going to impact me, my baby and my family.”*

Service User, Banbury

*“After 2 hours at the Horton, the baby’s heartbeat kept going dangerously low. Then it turned serious and that’s when you realise there is nothing here. It’s alright having a birthing pool and a radio and lights but we didn’t think about what happens when things get serious because it was our first one. All the midwife had was a stethoscope and a mirror.”*

Partner of Service User, Banbury



# Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (1/3)

## IMPACT & IMPROVEMENTS | SERVICE USER JOURNEY 1

*This slide outlines the story of a single journey of a service user*

- Errors with care pathway in community services and communication
- High blood pressure discovered during appointment at the Horton after reduced movements - Ambulance transfer to JR
- 2 week stay in hospital followed by emergency caesarean section at 2 months premature
- 6 week stay in SCBU – presented challenges for visiting and sibling childcare increasing journey anxiety
- Baby now healthy



*"I had absolutely no choice whatsoever, it was 'this is a medical emergency,' and 'our way or no way,' and there was very little information."*

*"My husband missed the birth as it was an emergency. I had a two week inpatient stay with a two year old, a 40 minute drive and very limited visiting hours. Not having access to that support was distressing. I felt like a prisoner and cried with relief when I finally left."*

*"You can't take a 2 year old to SCBU, we were only able to visit every other day."*

*"It was the worst experience of my life."*

*"They don't let you off the unit until your blood pressure is stable so I couldn't even go to the local park with my toddler. They should have an arrangement so you can see other children. It's the human cost of organisational things."*

*"If she'd been in SCBU in Banbury, it would have been so much easier."*

*"Have to give information to the patient, if anyone had mentioned pre-eclampsia at any point, I would have monitored it. But they didn't."*

*"The care was very good at the JR but I was traumatised by it all – it was such a shock and so sudden."*

# Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (2/3)

## IMPACT & IMPROVEMENTS | SERVICE USER JOURNEY 2

*This slide outlines the story of a single journey of a service user*

- Stillbirth at JR at 23 weeks following history of miscarriages
- High levels of anxiety around travel and parking at JR for appointments and visiting
- Financial impact associated with distance from loss of earnings, parking and fuel costs
- Distance from home reduced access to support network limiting visits from partner and parents and intensified patient anxiety and sense of isolation



*“I rang my husband [after they told me I had lost the baby], who had to drive over which took him ages because it was 9 in the morning. He rang me really upset from the car park, because he was queuing and couldn't find anywhere to park.”*

*“I was driving around for ages and you just end up getting more and more stressed, fighting over spaces...it's whoever can get there first.”*

*“I went in for a routine appointment and drove and did park and ride. I left my house at 11 and got back at 5, so it's a whole day.”*

*“The financial effect this has had on us has been an added extra to the anxiety. Last year I lost hundreds if not over a thousand pounds in loss of earnings for both of us, fuel, parking and transport costs.”*

*“I was on an antenatal ward. A lot of people didn't know what had happened... people were speaking to me as if I was still expecting”.*

*“The Horton [where she had been treated for a previous miscarriage] had a homely feel, it's a much smaller place with fewer patients. It was not a nice thing to happen, but it was still a good experience. At the JR, they are overworked and you feel guilty asking for anything.”*

*“Every person I saw said something different, it felt like I was on a conveyor belt.”*

# Individual service user journeys highlighted incidences where the closure of the Horton obstetrics had a direct negative impact upon either the service user experience and / or resulted in increased risk (3/3)

## IMPACT & IMPROVEMENTS | SERVICE USER JOURNEY 3

*This slide outlines the story of a single journey of a service user*

- Transfer from Horton to JR during labour due to baby's slowing heartbeat
- Hour wait as on call midwife went straight to JR, resulting in Horton midwife having to travel in ambulance
  - Epidural at the JR, followed by overnight stay
  - During follow up, confused for another patient
  - Baby now healthy



*"We chose the Horton as I was keen to get to the hospital as quickly as possible, we live one minute away."*

*"I work at the JR so I did consider it."*

*"The closer it was getting to my due date, the more I was thinking 'I just want to be close to home.'"*

*"We got there [at the Horton] and the room was lovely, a lovely birthing room, with a pool and gas and air, and I was having the time of my life. It started off really well."*

*"They made us very aware there was only one midwife there... we asked 'what if two people came in, in labour?' She said she'd have to deal with them both."*

*"All she had [the midwife] was a mirror and a stethoscope."*

*"It was fine when it was all going well, but when we realised we needed actual serious help... there is no help."*

*"When we went into the JR I realised just how little there is at the Horton. It was like this IS a hospital, it was a massive thing of relief."*

*"I stayed in overnight, the midwife who looked after me after was incredible - she helped me to get [baby] to latch on and feed and to get me into the shower."*

*"It was very daunting, I've got a brand new being and they just pull the curtain around us and say goodnight."*

*"We want the Horton to stay open, we want to use the facilities, we thought 'if we use it, maybe we can encourage others to use it.'"*

*"I would now advise anyone not to go there, and don't waste your time [with the Horton]."*

*"I can't knock the JR with anything, the experience was great."*



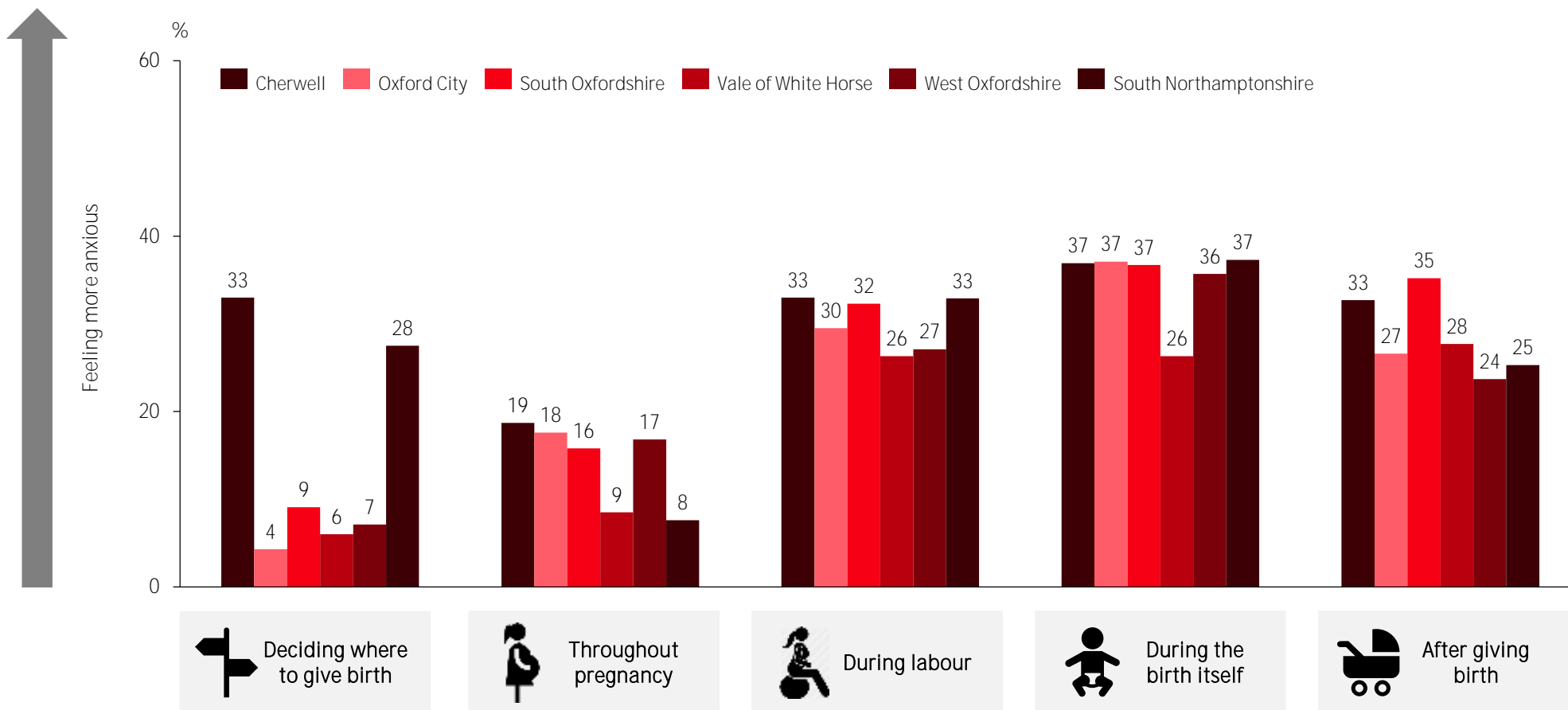


# On reflection, those in Cherwell and South Northamptonshire report higher levels of anxiety when deciding where to give birth

## IMPACT & IMPROVEMENTS | ANXIETY LEVELS

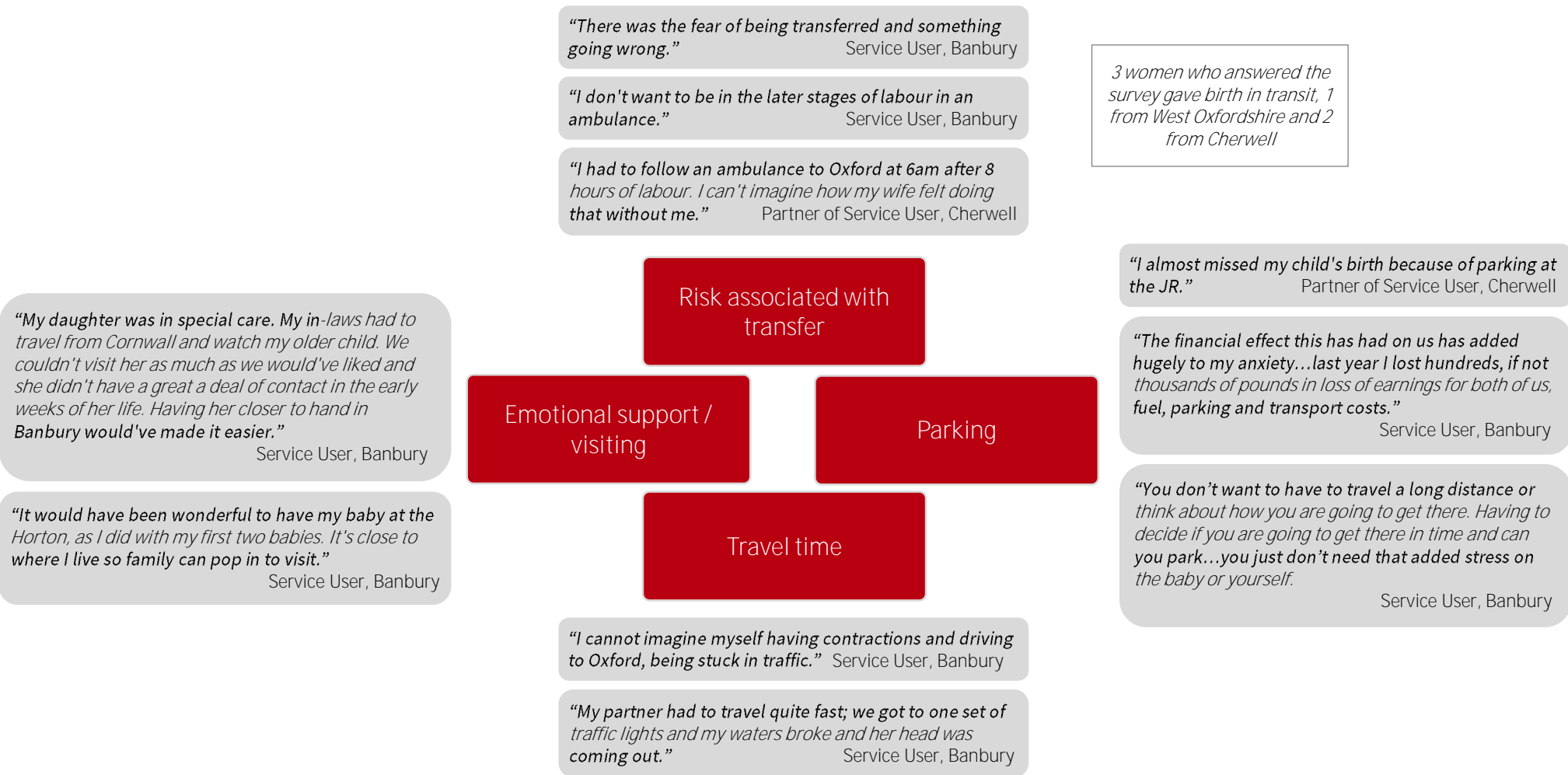
Q. How did you feel at each stage of your pregnancy where 1 is anxious and 5 is confident? % of service users feeling anxious (selecting 1 or 2)

Base: Cherwell (321), Oxford City (191), South Oxfordshire (163), Vale of White Horse (148), West Oxfordshire (118), South Northamptonshire (63)



# Feedback from service users in the Banbury area can be grouped into themes around emotional support, travel time, parking and risk of transfer

## IMPACT & IMPROVEMENTS | THE HORTON



Partners of service users are also feeling the impact of changes at the Horton with Cherwell residents rating ease of visiting and choice of locations lower than other council areas

Partner loop



## IMPACT & IMPROVEMENTS | PARTNER RATINGS

Q. Thinking about your recent experience during your partner's pregnancy and birth, please rate each of the following from your own perspective on a scale of 1 to 5 where 1 is very poor and 5 is excellent

Base: All partners (436)

	Total	Net score (sum of good and excellent minus sum of poor and very poor)					
		Cherwell	Oxford City	South Oxfordshire	Vale of White Horse	West Oxfordshire	S. Northamptonshire
	<b>(436)</b>	(149)	(74)	(67)	(59)	(55)	(28) <i>low base, indicative only</i>
Staff attentiveness	<b>53%</b>	45%	70%	46%	57%	61%	23%
Staff availability	<b>41%</b>	32%	53%	30%	54%	45%	18%
Ease of visiting	<b>34%</b>	12%	63%	32%	46%	29%	7%
Continuity of care	<b>28%</b>	22%	41%	21%	28%	40%	13%
Choice of locations (for appointments and for labour)	<b>27%</b>	10%	43%	33%	48%	19%	-9%
Travel times (for appointments, birth and afterwards)	<b>25%</b>	6%	69%	32%	41%	-6%	-27%
Ease of childcare for siblings (if applicable)	<b>6%</b>	8%	-1%	2%	7%	22%	-3%
Ease of parking (for appointments, birth and afterwards)	<b>-11%</b>	-12%	-4%	-22%	1%	-16%	-16%

Other options for service users in Banbury include Warwick, The Spires and The Cotswold Birth Centre. Each of these alternatives comes with issues / challenges which limit their appeal



IMPACT & IMPROVEMENTS | ALTERNATIVES

Warwick

*“Because I said I was going to go to Warwick, the Horton wouldn’t deal with me, they wouldn’t do any scans...it’s sort of disappointing because you think I haven’t done this... They give you Warwick likes it an option, but when you take it as an option they make it hard for you.”*

Service User, Banbury

*“I chose Warwick purely on logistics, not for care or medical reasons.”*

Service User, Banbury

As an alternative to the Horton, Warwick is generally chosen due to logistical benefits. Service users report issues around joined-up care between trusts

Spires, JR

*“I liked knowing that the hospital was just downstairs.”*

Service User, Wantage

*“I was pulled out of a birthing pool in the Spires at 8cm dilated as the unit was closed due to staff shortages.”*

Service User, Cherwell

*“And on the day that I went into labour, I rang them up and they said no, Spires is closed. We’ve got no staff. It’s the summer. It’s been closed all August.”*

Service User, Wantage

The Spires is rated highly due to its ability to give MLU benefits alongside the wider medical expertise of the JR but there are issues around closures

Cotswold Birth Centre, Chipping Norton

*“We’re ringing the door bell and the phone – no answer, total panic and chaos. We’re in the car park for an hour or more waiting.”*

Service User, Banbury

*“I was tempted by CBC as it seemed lovely and travel and parking would be easier. The peace of mind knowing there were specialist doctors available without being carted off to another hospital was the reason I chose the JR.”*

Service User, Cherwell

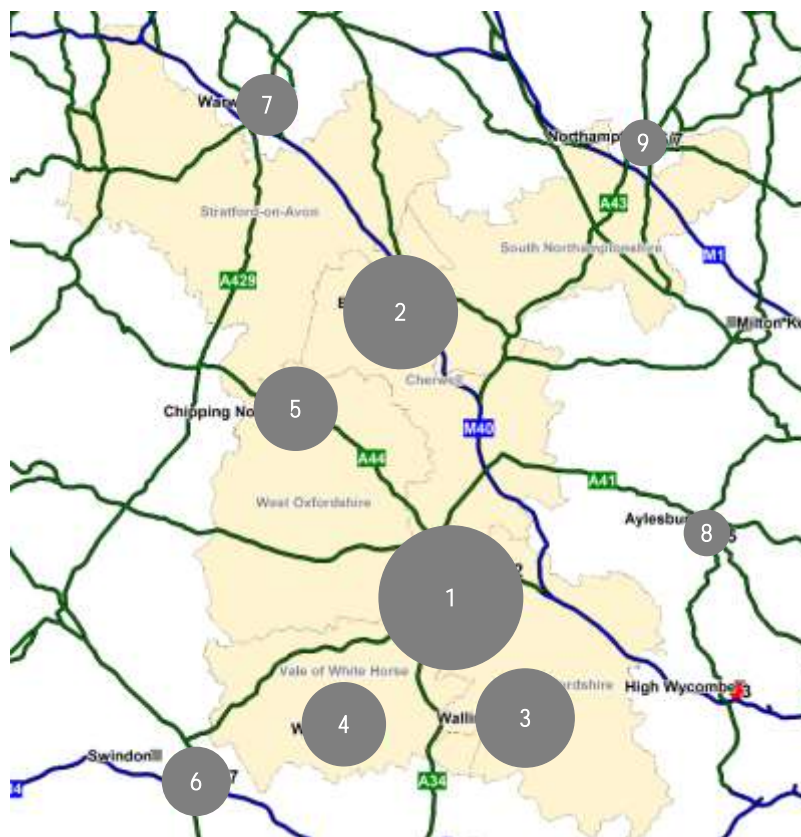
The Cotswold Birth Centre also received some negative feedback about closures

When asked to select their ideal geographical location to give birth, 24% of all service users selected Banbury...




IMPACT & IMPROVEMENTS | IDEAL LOCATION

Q. Imagine your ideal place to give birth could be located anywhere on this map below, where would you select? *Base: All service users (1,013)*



- 1 Oxford: 49.4%
- 2 Banbury: 23.8%
- 3 Wallingford: 11.0%
- 4 Wantage: 5.1%
- 5 Chipping Norton: 5.1%
- 6 Swindon: 0.7%
- 7 Warwick: 0.5%
- 8 Aylesbury: 0.1%
- 9 Northampton: 0.1%

 "I would choose to give birth at my home": 4.3%



# ...which increases to 74% of Cherwell residents

## IMPACT & IMPROVEMENTS | IDEAL LOCATION

Q. Imagine your ideal place to give birth could be located anywhere on this map below, where would you select? *Base: All service users (1,013)*

Ideal birth location ↓	% of service users by area					
	Cherwell (321)	Oxford City (191)	South Oxfordshire (163)	Vale of White Horse (148)	West Oxfordshire (118)	S. Northamptonshire (63)
Oxford	21.2%	94.7%	33.4%	59.1%	54.8%	1.3%
Banbury	73.8%				1.7%	97.0%
Wallingford			56.0%	4.8%		
Chipping Norton	2.6%	0.5%			33.7%	
Wantage			4.7%	28.4%		
Swindon				3.3%	2.0%	
Warwick	0.2%					
Aylesbury			0.4%			
Northampton						0.8%
Choose home birth	2.1%	4.8%	5.5%	4.4%	7.9%	0.8%

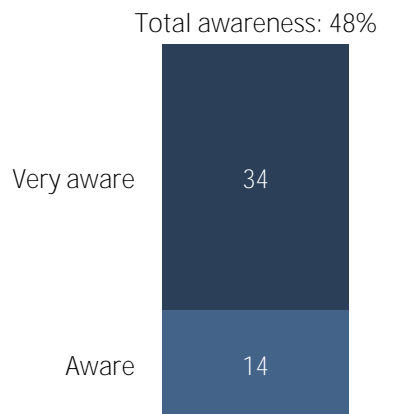
*Of all survey service users who live in Cherwell, 74% selected Banbury as their ideal geographical location to give birth*



# The awareness of changes to maternity services at the Horton is highest in Cherwell and South Northamptonshire

## IMPACT & IMPROVEMENTS | THE HORTON

Q. To what extent are you aware of the recent change to maternity services at the Horton General Hospital in Banbury involving the temporary closure of consultant-led care? *Base: All service users (1,013)*



Council area	% Very aware + aware
Cherwell (321)	81%
Oxford City (191)	33%
South Oxfordshire (163)	24%
Vale of White Horse (148)	30%
West Oxfordshire (118)	49%
South Northamptonshire (63)	92%



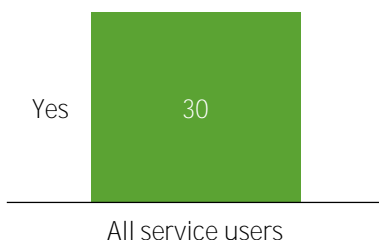
# 75% of service users in Cherwell and 93% in South Northamptonshire would have preferred to give birth at the Horton if obstetric services had been available

## IMPACT & IMPROVEMENTS | THE HORTON

Q. Had the Horton obstetric service been available as an option to you, would you have preferred to give birth there? *Base: All service users (1,013)*

### Response rates by key postcode areas

Please note that this level of granularity reduces the base of service users for each group and so results with low bases must be viewed as indicative only



Council area (base)	% Yes
Cherwell (321)	75%
Oxford City (191)	3%
South Oxfordshire (163)	3%
Vale of White Horse (148)	1%
West Oxfordshire (118)	21%
South Northamptonshire (63)	93%



Postcode area (base)	% Yes	Postcode area (base)	% Yes
NN13 (45)	91%	OX15 (28)	97%
NN11 (9)	100%	OX16 (109)	92%
CV (8)	50%	OX17 (30)	91%
OX1 (20)	12%	OX18 (28)	13%
OX2 (59)	3%	OX20 (4)	16%
OX3 (83)	4%	OX25 (13)	58%
OX4 (93)	3%	OX26 (39)	34%
OX7 (21)	42%	OX27 (5)	60%
OX10 (46)	5%	OX28 (44)	17%
OX11 (82)	1%	OX29 (30)	23%
OX12 (38)	3%	OX44 (10)	7%
OX14 (64)	1%	HP / MK (5)	40%

Postcodes with 0% Yes:  
OX5, OX9, OX13, OX33, OX49, RG9, SN

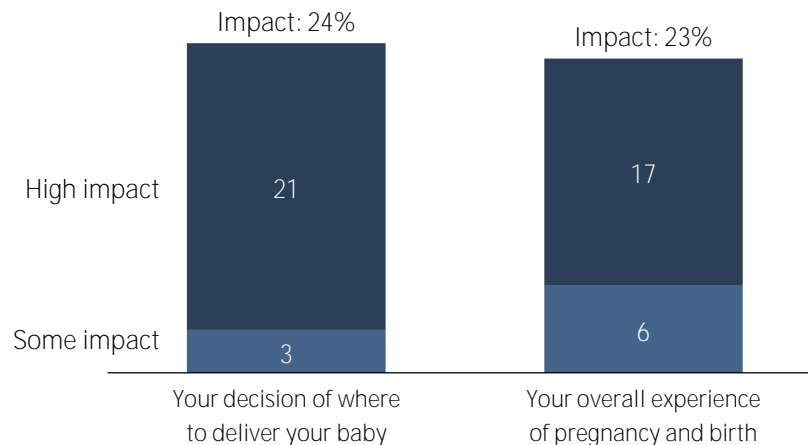




68% of Cherwell service users (82% in South Northamptonshire) feel that the temporary closure of the obstetric unit at the Horton impacted their decision of where to deliver and 59% in Cherwell and South Northamptonshire feel it impacted their overall experience

IMPACT & IMPROVEMENTS | THE HORTON

**Q. To what extent did the temporary closure of the obstetrics unit at Horton General Hospital impact...:** *Base: All service users (1,013)*



Council area (base)	% Impact on decision	% Impact on experience
Cherwell (321)	68%	59%
Oxford City (191)	3%	7%
South Oxfordshire (163)	2%	4%
Vale of White Horse (148)	0%	6%
West Oxfordshire (118)	13%	14%
South Northamptonshire (63)	82%	59%

