

Foreword

On behalf of the Health Service Executive (HSE), it is my great pleasure to welcome the KPMG report as an integral blueprint for maternity and gynaecology services in the Greater Dublin Area (GDA). The review was an opportunity for organisations and individuals to discuss, debate and exchange ideas for positive change in the maternity and gynaecology services. From the organisations and people who make the service happen, to the women and women-focused groups, all contributed to the report. They represented both the provision and delivery end of the service as well as the experience of the recipients.

Statistics show that the current birth rate for the GDA is in excess of 26 000 births per annum and is likely to rise over the next eight to ten years. Therefore, our current services must adapt to meet this increased demand. We must also plan to improve the services we already have, to re-arrange them in the medium to long-term in order to provide the best maternity and gynaecology services in line with international best practice. The challenge facing us includes ensuring that we build on the strengths of current service configuration as these services continue to evolve into the 21st century. In spite of the record investment in healthcare services, we all know that resources are finite and precious. We have to make a special team effort to maximise our efficiency where we can, streamline how we do things, reduce the over reliance on high cost acute hospitals and provide more integrated community based care.

Much has been achieved over recent years by the three Dublin maternity hospitals regarding service provision and advances in clinical practice, a combination of the hard work of many excellent and dedicated staff. However, more is needed in the face of increasing demands and public expectations and awareness.

Our overall transformation focus remains firmly set on developing an integrated model of care which will provide easier access to the vast majority of services closer to home. Maternity services are a key component of the HSE's Transformation Programme. The HSE is committed to extending and enhancing primary and community maternity and gynaecology service models as a preferred approach to providing care to women and mothers/babies with uncomplicated pregnancies and treatment needs. It is recognised that pregnancy and childbirth, while requiring quick and highly specialised responses to complications and emergency situations, is a normal physiological process, not an illness or a disease.

The safety, quality and effectiveness of maternity and gynaecology services is underpinned by the philosophy that quality maternity and gynaecology services are best provided by qualified health professionals who work collaboratively, within an integrated care and risk management framework, in a fit for purpose physical infrastructure to ensure women and mother/babies receive appropriate and timely care. The priority is to provide care, which achieves the best possible outcomes and experiences for women and mother/babies.

Maternity and gynaecology services must meet the needs of women and mother/babies, and address health inequalities. If the services are to do this, they must respond to and work with the communities they serve.

A woman and mother/baby centred service requires a culture of collaboration involving all stakeholders working closely across professional disciplines and fully involving the users of the service. Women must be involved in planning maternity and gynaecology services. They must be well informed about all aspects of their care and have real influence in how services are developed and implemented. In simple terms it's about knowing and engaging with the communities we seek to serve. It is not about making assumptions regarding what's best for women and their families. However as a complex service with safety, governance and workforce complications, any service change to the model(s) of care must be carefully managed and executed. This report will help greatly with this process.

The development of new academic healthcare alliances has the potential to cultivate a shared vision to achieve excellence in terms of clinical care, education, training and research. Strengthening such relationships is recognised as a positive step by the Health Service Executive, i.e. between the Coombe Women and Infant University Hospital (CWIUH) and Adelaide and Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) and the recent proposal of the CWIUH to locate onto the campus of AMNCH in the context of the proposed Trinity Academic Medical Centre supported by St James Hospital, AMNCH and Trinity College Dublin.

The Joint Standing Committee (JSC) of the three Dublin Maternity Hospitals has welcomed the completion of the Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area. The members of the JSC have expressed a willingness to work with the HSE to evaluate the recommendations of the report and to implement them in the most effective way.

Each of the three Dublin maternity hospitals have provided individual written responses broadly welcoming the report's conclusions and recommendations, as well as highlighting some minor inconsistencies. These points of detail will be refreshed and worked out on implementation and will require bringing the data up to date at that point in time. New information can also be factored during the implementation stage. It is important that the spirit and thrust of the recommendations are now realised.

I thank all those involved in the development of this report. I hope and believe that it will provide a valuable aid in the process of planning and implementing 21st century maternity and gynaecology services across the GDA.



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