

## **PE1839/C**

Scottish Government submission of 28 January 2021

Thank you for your letter of 17 December, asking the Scottish Government to advise on timescales for the conclusion of various workstreams in relation to the transfer of pregnant women in remote and rural areas, following the Committee's consideration of the above petition.

As the Committee have noted, as part of The Best Start five year forward plan for maternity and neonatal services, discussions are ongoing with regards to changes in rural service provision and arrangements for obstetric transfers across Scotland. With Boards focussing on delivery of essential maternity services and managing the impact of COVID-19, work on implementing and reporting progress on many aspects of Best Start has paused, or proceeded at a slower pace, whilst other parts have accelerated to meet COVID-19 service requirements. The nature of any change in rural service provision and arrangements for obstetric transfers within rural areas is inevitably part of the whole scale change in maternity and neonatal models recommended in Best Start which has slowed in the effort to tackle the pandemic.

It is however clear that a number of innovative approaches to delivery of maternity and neonatal services have been tested by Boards and, although fast-tracked as a response to COVID-19, the ethos of care delivered by these new approaches supports the Best Start aims of keeping mothers and babies together, individualising care and delivering care closer to home. These innovations will put Boards in a good position to continue to deliver Best Start and bring care closer to home which is essential for remote and rural areas.

The Scottish Government continues to work with Boards to support them where possible and gauge their readiness to re-start Best Start implementation during the course of 2021.

As noted, some aspects of Best Start have continued throughout the pandemic, where led by the Scottish Government and where there is capacity for NHS staff to engage. That includes the development of an in-utero transfer (IUT) risk assessment tool to assist clinicians in their decision to transfer pregnant woman who are threatened with pre-term labour, as part of the Maternity Transport Group.

The tool has been developed with a specific focus on supporting midwives in remote and rural areas in their decision making capacity to transfer women. It is based on the assumption that an underpinning protocol will be developed, which will bring an obstetrician and ScotSTAR into the decision making process when required. The development of this tool has made excellent progress in recent weeks and further work to refine it will continue, however, putting in place the formal protocol to support implementation will be dependant upon the involvement of frontline staff being able to contribute and agree such a protocol. Work on care pathways and protocols were being considered by the Maternity Transport Group before the pandemic but it hasn't been possible to progress that aspect of the work since. We recognise that tackling the pandemic is the priority and the Scottish Government are therefore not committed to any firm timescales for this specific piece of work at this time, but do see it being deliverable within overall implementation timescales for Best Start.

Finally, the Committee has asked for the Scottish Government's view on whether the ScotSTAR Pediatric Retrieval Service could be extended to obstetricians, in remote and rural areas where needed. ScotSTAR is fundamentally a retrieval service, sending out a team including the relevant critical care specialists (adult, paediatric or neonatal) to retrieve a critically ill patient and transfer them to a centre providing a higher level of facility, in order to

receive the care that they require, by the most appropriate mode of transport. It is important to note that women are transported to expedite access to obstetric care which includes theatre and other interventions that would not be appropriate in a rural setting without the wider anesthetic, monitoring and neonatal services required. The time taken waiting for an 'obstetric flying squad' would delay that care.

The Scottish Government recognises that a balance must be struck between the small number of transfers from remote and rural areas that involve an obstetric emergency, against the importance of ensuring processes are in place for midwives managing such emergencies. That is why the Maternity Transport Group has been set up to develop the aforementioned tool, pathways and protocol in order to ensure that remote and rural staff are supported in their decision to transfer and that the right medical expertise is involved in that decision.

I hope you find this response helpful.