

12 September 2008



Distribution:

WMSHA; Chief Execs of PCTs and Acute Trusts;
Directors of Public Health, Commissioning, Service Modernisation;
Clinical Directors (O&G, Radiology); Heads of Midwifery.

Dear Colleague,

Safe Maternity Ultrasound Services in the West Midlands

The Regional Ultrasound Group is hosted by the Perinatal Institute and consists of obstetricians, radiologists and radiographers representing each maternity unit in the West Midlands. RUG and its working groups have established standards and guidelines for best practice in many areas of ultrasound.

RUG has over recent years become increasingly concerned about the provision of antenatal ultrasound services in the Region, following surveys as well as confidential enquiries highlighting endemic shortages. These shortages relate to posts, equipment and staff. The majority of ultrasound services are provided by sonographers with a radiography background, and these professionals are in short supply, with many vacant posts having remained unfilled or become frozen. Other specialities including cancer, vascular and emergency care are all competing for limited ultrasound resources.

Such factors have a negative effect on maternity service provision, and are limiting the ability of units to respond to increasing challenges. There are currently new demands for ultrasonography in all stages of pregnancy care:

- 1st trimester: the National Screening Committee is now recommending the introduction of the 'combined' first trimester test for Down's by 2010. These will require nuchal translucency scans for all screened pregnancies;
- 2nd trimester: NICE are now recommending enhancements in the fetal anomaly screening, with a more detailed cardiac assessment and views of the fetal face to exclude cleft lip;
- 3rd trimester: the Birmingham & Black Country confidential enquiry has found that most instances of perinatal death are potentially avoidable, and has highlighted the urgent need for increased ultrasound resources to monitor fetal growth in high risk pregnancies. A regional best practice standard is ready for implementation.

Each of the above areas will put substantial additional strain on already insufficient resources. Service modelling has found that ultrasound provision has to increase above existing levels by 67% in the 1st trimester, 53% in the 2nd trimester, and 45% in the 3rd trimester to fulfil this need. Clearly, a co-ordinated approach is of the essence.

RUG and WMPI have worked with the Workforce Deanery to develop a proposal to increase the number of radiographers undertaking sonography training, and a three year plan has been provisionally agreed by the SHA. This needs to be underscored by additional funding to build up local ultrasound capacity.

The purpose of this letter is

1. to make PCTs, commissioners and providers of maternity services aware of the need for a significant up-scaling of ultrasound resources from 2009/10.
2. to invite you to a meeting where these priorities can be presented and discussed in more detail, on:
Wednesday 29 Oct 2008, 1:30-4:00 pm, at the Perinatal Institute, Birmingham.
Please contact Amanda.Harrison@pi.nhs.uk / Tel 0121 687 3500 to confirm attendance.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mike Wyldes'.

Mr Mike Wyldes FRCOG
Chair, Regional Ultrasound Group

A handwritten signature in black ink, appearing to read 'Jason Gardosi'.

Prof Jason Gardosi MD FRCOG
Director, WM Perinatal Institute