Engaging Women in the Provision of Maternity Services in Cambridgeshire

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Erratum: correction on page 8. It was originally reported that the Rosie MSLC was funded by CATCH LCG. It is also jointly funded by CAM Health LCG.

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1. Introduction

Maternity Service Liaison Committees (MSLCs) were established as a measure to ensure collaborative engagement between those providing and receiving maternity services. They were, until 2012, a statutory function of the Primary Care Trust (PCT).

Historically, there have been two active MSLCs in Cambridgeshire, to promote useful communication between service users and the maternity services at Hinchingbrooke Hospital (now known as The Park Maternity Centre) and maternity services at Cambridge University Hospitals (the Rosie). There are also MSLCs for users of Peterborough Hospital and the Queen Elizabeth Hospital in Kings Lynn.

With the dissolution of the PCTs, the future of the MSLCs is uncertain. Across Cambridgeshire there is considerable variation in the extent to which MSLCs are funded and supported, and consequently, how much service users are enabled to participate in maternity services planning.

Currently, there is not a named body responsible for the MSLCs. There is no organisation responsible for the marginal budget required by the MSLCs to ensure that they can run effectively, efficiently, and with adequate service user representation.

At Healthwatch Cambridgeshire, we want to make sure all new and potential parents have a say in maternity services. This requires equal access to the bodies soliciting feedback and participation, which is not the case for people living in wider Cambridgeshire.

2. Background

Births are on the rise across the country, and Maternity Services everywhere are being held under a spotlight. There has been a significant amount of negative media attention, including the investigation at Morecambe Bay, the UK's high rates of stillbirth, national shortages of midwives, and complaints about postnatal care. Disparate access to NICE recommended tongue tie services, an often flagged issue in Cambridgeshire, has also recently received national attention.

Cambridgeshire is home to 2 highly rated maternity units. In the recent Care Quality Commission (CQC) survey of women's experiences of maternity care, the Rosie was rated overall to be better than most trusts for Labour & Birth and for Staff. It was rated about the same as most other trusts for care after birth. The Park Maternity Centre was rated about the same as most other trusts on all three of these measures.[1]

Maternity services have recently started to use the Friends and Family Test (FFT) as an indicator of patient experience. Healthwatch Cambridgeshire has significant concerns regarding the reliability of the FFT score as a reliable statistical indicator, and that substantial variation in final score occurs as a result of collection mechanism. Furthermore, the data for Cambridgeshire is still lacking depth and the FFT score can be difficult to interpret. In February, the Rosie and The Park Maternity Centre both had reasonable FFT scores, apart from the Rosie's score of 36 for its postnatal ward. (Its score for Birth was 95, in stark contrast.) [2] The FFT should never be a substitute for good community engagement. A striking score such as 36 does however indicate that this is an area requiring improvement in which service user engagement will be essential to ensure that women and their families receive excellent care throughout pregnancy, labour, birth and with a new baby.

[1] http://www.cqc.org.uk/surveys/maternity

[2] http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

3. Past and Current Guidance

Historically, MSLCs were a statutory function of the PCT. The Cambridge PCT provided a modest budget as well as administrative support for the MSLCs for both Hinchingbrooke and the Rosie. With that support, there were requirements, such as an annual report and an annual general meeting, and guidelines regarding who should attend MSLC meetings and levels of engagement.

With the restructuring of healthcare commissioning, the future of MSLCs is uncertain. A resource pack to support Clinical Commissioning Groups (CCGs) with commissioning of maternity services, released in July of 2012 by the NHS Strategic Authority, advises:

> The existing method for involving maternity service users has been through Maternity Services Liaison Committees (MSLCs), currently serviced by PCTs. Where these work well, CCGs may want to continue and extend their involvement in providing feedback and involvement in decision making. Where MSLCs do not exist or do not work well, clinical commissioning offers the opportunity to find new and innovative ways to include a user perspective as part of their overall patient and public involvement strategies.[3]

Across the country and within Cambridgeshire, the MSLCs that exist to ensure service users have a voice in maternity services provision face varying levels of support from local commissioning bodies, limiting capacity to engage fully and widely with Cambridgeshire service users.

The Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, and the National Childbirth Trust (NCT) joined together to release a consensus statement regarding the role of MSLCs in encouraging public engagement with maternity services: "This consensus statement sets out the reasons why we believe MSLCs should continue to exist under the new structure, and why we regard them as the best means of fulfilling the obligations of the new commissioning bodies to listen to the views of service users."[4] The reports justifies the continuation of MSLCs nationally, makes key recommendations regarding the future of the MSLCs, and cites examples of good practice around the country.

[3] http://www.england.nhs.uk/wp-content/uploads/2012/07/comm-maternity-services.pdf
[4] Available here: http://www.chimat.org.uk/resource/item.aspx?RID=182519

4. Cambridgeshire MSLCs and their good practice

The MSLCs in Cambridgeshire provide regular contribution to the improvement of maternity services through both specific events and regular engagement. For example, the MSLCs have been actively involved in plans to renovate or create new premises for maternity services. They use various mechanisms to collect feedback from women who have recently used the maternity services, in order to facilitate multi-disciplinary discussions about improvements to services.

The MSLC for the Rosie Hospital is a thriving and large MSLC that incorporates service providers (including such senior staff as the Head of Midwifery, clinical services manager, consultant obstetrician and consultant neonatologist), user representatives and commissioners to plan, monitor and improve maternity services. It is chaired and led by user representatives. Some examples of the areas which MSLC feedback has contributed to service review and development include: community midwives, improving the consistency of breastfeeding support, supporting the Baby Friendly Hospital initiative, and the management of tongue tie.

Another specific example of the MSLC's recent success was provided by Julie Taylor, Community Development Lead:

> "The MSLC in Cambridge I feel has been instrumental in safeguarding the role of the consultant midwife which was under consultation with a view to redundancy. A letter sent by the MSLC outlining the benefits to women of keeping this post was sent to the board."

They have also established quarterly meetings with the Chief Nurse, to feedback user experience and to ensure that there is senior support and promotion of projects to improve care and support for women, such as implementation of the Baby Friendly Initiative.

The MSLC for The Park Maternity Centre is supported and appreciated by staff.

> "The MSLC at Hinchingbrooke is a small group reflective of the small unit size. It already plays a role in influencing and guiding the development of the maternity services with regard to patient environment in that they have been involved in supporting the audit work which supported the unit refurbishment, the building of the low risk birthing unit and have just supported our bid for monies from the DOH capital monies for maternity environment improvement (bereavement suite)."- Janet Driver, Head of Midwifery

Despite the discontinuation of funds and administrative support, the Chair of the MSLC for The Park Maternity Centre continues to engage with new mothers about their experiences, in person and through a Facebook page. She has also organised groups to allow women with shared experience (for example, a shared complaint about experience of caesarean sections) to speak to staff from the hospital about their experience and how it could have been improved.

The MSLC for the Queen Elizabeth Hospital, in a cooperative effort with the community midwifery team, has created an effective means of seeking feedback from women in their area (which includes Wisbech). The community midwives deliver a written survey on behalf of the MSLC, along with a freepost envelope. They produce a quarterly report for the maternity services, which includes feedback on antenatal, labour and delivery and postnatal care.

5. Unequal Opportunity to Participate

Currently, service users do not have equal opportunity to engage with Maternity service providers via the MSLCs. Those living further away from the hospitals and individuals with low incomes will find it harder to participate.

Support and financing for MSLCs varies widely. The MSLC for the Rosie currently receives funding from Cam Health and CATCH LCGs. The MSLC for The Park Maternity Centre is not currently being funded, but continues to have an online (Facebook) presence as well as in person meetings. However, it cannot fund expenses for service-user representatives. The MSLC for the Queen Elizabeth Hospital, representing women from the Wisbech area, currently continues to survey women after their labour (through cooperation with community midwives), using unspent project monies from last year. This position is unsustainable.

Without adequate access to funding with which to cover expenses for service-users, including travel and child care costs, a significant section of the community will not be able to participate in MSLC meetings. Without adequate access to funding, MSLCs cannot market themselves sufficiently to ensure wide ranging awareness of the existence of the MSLCs. Without adequate structural support, the MSLCs risk losing the benefits previously established of a multidisciplinary committee working together to improve services. And finally, without funding, there is a loss of accountability and oversight in place to ensure that MSLCs are engaging widely and representing service users and potential service users effectively.

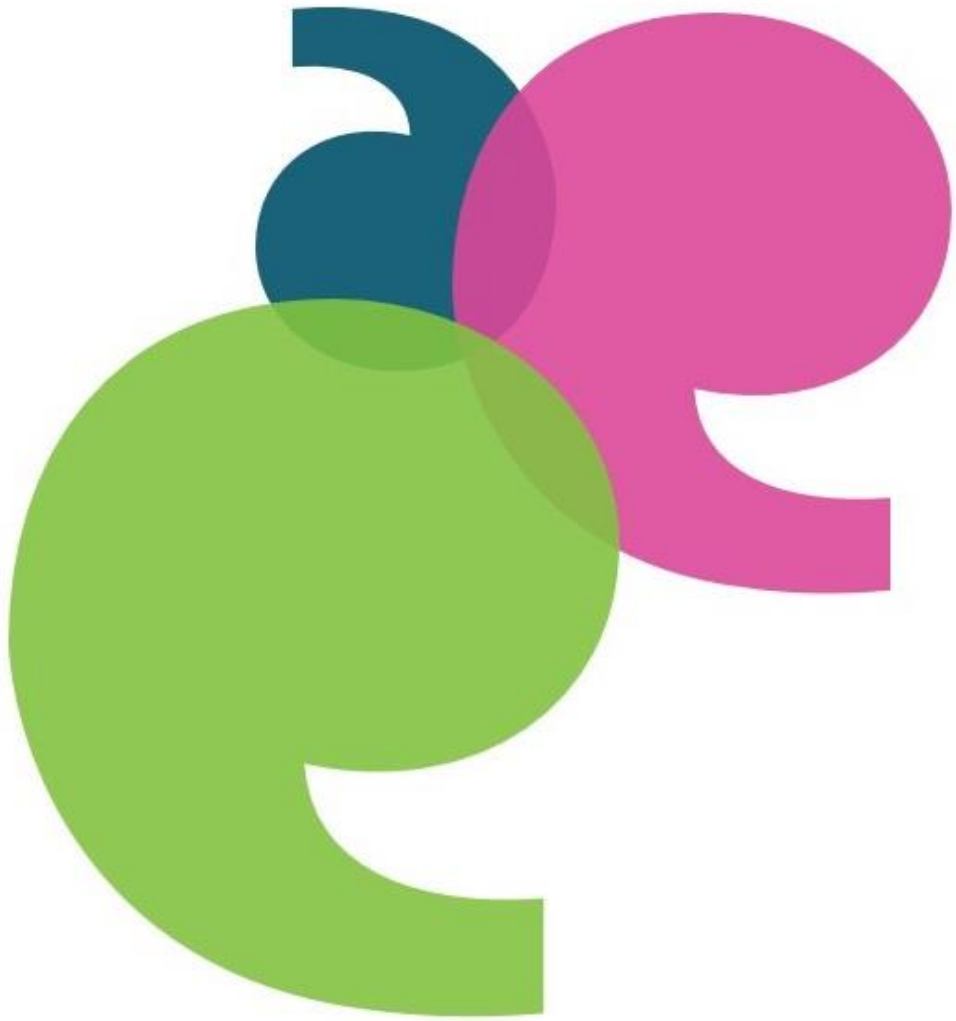
6. Healthwatch Cambridgeshire and the MSLCs

Healthwatch should not be seen as a duplicating or replacing the work of the MSLCs, which are well established and best placed to continue encouraging meaningful conversation between the women using services and the service providers. Their work would benefit from financial and administrative support, to increase service user representation, to increase awareness of MSLCs, and to encourage events, particularly targeting harder to reach communities.

Healthwatch Cambridgeshire will work collaboratively with the MSLCs, using our networks to raise awareness of the MSLCs and all possible channels to encourage public engagement. Healthwatch Cambridgeshire can also share relevant feedback obtained through our work with MSLCs. The MSLCs work specifically with the service provider to improve services at that location; Healthwatch Cambridgeshire can use the intelligence gathered by the MSLCs to add to a wider lens view of maternity services across the region, to inform decision making at the County or Area level, and escalating issues as necessary.

7. Recommendations

1. The CCG needs to establish a clear position on whose responsibility it is to fund the MSLCs, as well as to establish robust arrangements for the delivery of the MSLCs as independent entities.
2. The funding arrangements need to ensure there is adequate capacity, i.e. appropriate officer time for support and development, equal opportunity of representation for each MSLC, and a requirement that relevant maternity services staff attend MSLC meetings.
3. MSLC funding needs to include budget to cover travel and childcare arrangements for service-users, marketing materials and website and social media costs.
4. The CCG, Providers, and Healthwatch will work together to:
    a. Build membership in line with good practice, ensuring that the MSLCs are inclusive and open to all
    b. Review terms of reference and reporting structures
    c. Embed engagement in the provision of services; for example, bringing patient stories to Board meetings.



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