ELC Programme Person Centred Care

CASE STUDY

Experience Led Commissioning of maternity services in Shropshire Telford and Wrekin

The system challenge

The Shropshire, Telford and Wrekin (STW) health system had identified the need to redesign maternity services. STW is a largely rural area. Maternity services are run by Shrewsbury and Telford Hospitals NHS Trust. There is a consultant led unit in Princess Royal hospital in Telford, with a midwife led unit (MLU) next door. At Shrewsbury hospital, there is a second MLU. These two MLUs accounted for 14% of live births. There are 3 further MLUs in the rural communities of Oswestry, Bridgnorth and Ludlow. 3% of live births were in these three MLUs. The system was aware of a number of high profile adverse birth events, and wanted to undertake an ELC programme to understand the challenges in the system to inform commissioning decisions about the future of the 5 MLUs.

The focus question:

"What needs to happen so that maternity services are safe, families transition well to family life and both they and maternity staff have a great experience of birth?"

Communities of interest

The programme engaged with:

Parents, women and their partners across the county with experiences in the last two years (n= 132)

- Women and mothers who are currently pregnant or have a baby up to the age of two years living in urban and rural settings
- Partners of women who are pregnant or have a baby up to the age of two years living in urban and rural settings

Staff who work in the service (n=85)

- Early Pregnancy Assessment Service (EPAS) staff
- Midwives who work in the community, MLUs and the CLU at Princess Royal Hospital, Telford
- Health visitors
- GPs
- Obstetricians
- Womens' support assistants
- Ward clerks
- Special Care Baby Unit (SCBU)

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Programme design

Programme phase	Methodology chosen
Discovery	**Staff:** outreach in 5 MLUs and consultant led unit; group and one to one interviews **Parents:** outreach in MLUs on wards; attendance at mother and baby coffee mornings in rural communities; group and one to one interviews, telephone interviews, self-completion of questionnaire
Dream	**Positive Futures Planning workshop in Shrewsbury** attended by staff, parents, commissioners and providers
Design	**6 co design workshops held across the health system in urban and rural centres** attended by staff and parents, with commissioner representation

Touch points

Staff

- Relationships with families; maintaining continuity of care
- Relationships and communication with other professions
- Supporting families to plan and prepare for birth
- Supporting birth; safety and quality; assessing risk
- Supporting families after birth
- Spotting and supporting parents who are struggling
- Autonomy and professional fulfilment
- Personal happiness and emotional wellbeing (resilience)
- Support from immediate colleagues
- Support from management teams

Open questions:

- What is it like, supporting families when unexpected things happen?
- What is helping you to do a good job for families?
- What is getting in the way of you doing a good job for families?
- What is one thing that you would change to improve things?

Family

- Conception and finding out I was pregnant
- Support from and relationship with clinical people
- Thinking about and planning my birth
- Expected check-ups and reviews
- My birthing experience
- The post-natal experience
- My physical wellbeing
- Happiness and emotional resilience
- Connection, friendship and support from parent peers
- Becoming a family

Open questions:

- What was it like when unexpected things happened?
- What does choice mean to you and how do you balance risk, safety and choice of place of birth?
- What made the biggest difference to your experience? What mattered most?
- What is the one thing you would change or improve about your experience?

Key insights: 7 high impact improvements

1. Value, engage involve midwives and women's care assistants; put midwives in control again
ELC work demonstrated that relationships between the provider's management and front line midwifery teams had broken down. There was a need to rebuild trust and create a positive culture. Staff asked for improved internal communication with staff before press briefings, deep listening and full maternity team involvement in service solution generation and the detail of service design and improvement. Feedback also suggests that there may be a need to improve management skills and leadership skills within the maternity service.

2. Change system focus towards "becoming a family"
A recurring theme was identifying and overcoming skewed system measures and the behaviours that the current maternity tariff drives. Everyone agreed that families thriving and getting a good start in life is the outcome that matters most. The metric used needed to be lean as staff felt they spent 70% of their time "feeding the machine" rather than supporting families.

3. Review risk assessment processes
Insights generated suggested that there were too many women with a low risk profile in the consultant led unit and more women could be supported in the MLU by midwives alone. This was in line with Better Births policy in England. There were 5 factors impacting on maternal satisfaction on place of birth:

- When I have to make the decision about place of birth
- My and my partner's understanding of the risks and awareness of the choices available to me
- The way the consultant involves me and shares decisions
- The clinical risk evaluation framework – how I am categorised
- The distance I have to travel to MLU and CLU

4. Build a positive narrative around MLU births
Insights suggested that people believed MLUs were not promoted as a safe option

5. Deliver planned ante-natal care and post-natal care differently
Solutions included: creating time to care through group clinics; embedding a social model of birth by harnessing peer led support and mum friends to support social needs; supporting GP shared care; building on community assets and peer networks from conception onwards so that early years support is at the heart of every community, with different solutions in every community, and cross border solutions where this makes sense because of the natural geography of the locality

6. Minimise risk of birth before arrival at CLU
Because of the rural nature of STW, this was the biggest fear for parents

7. Strengthen family involvement in commissioning
The work highlighted the need for on-going involvement of families in the commissioning and service improvement process.