Outcomes Based Commissioning – Maternity Services

Engagement Report

Author(s): Sara Price, Communications and Engagement Account Manager on behalf of Oxfordshire Clinical Commissioning Group

Status: Final
Date: 15 November 2013
1. Table of Contents

2. Executive summary .................................................................................................................. 3

2.1 Purpose of the public engagement ....................................................................................... 3

2.2 Process & Methodology ....................................................................................................... 3

2.3 Key Findings .......................................................................................................................... 3

2.4 Conclusion .............................................................................................................................. 5

3. About Us ................................................................................................................................ 6

3.1 Oxfordshire Clinical Commissioning Group ............................................................................. 6

4. Introduction ............................................................................................................................... 7

5. What you have told us so far .................................................................................................... 7

6. Purpose of the public engagement ....................................................................................... 8

6.1 Process & Methodology ....................................................................................................... 8

7. Public Survey on Talking Health ............................................................................................ 11

7.1 Number and geographical spread of responses ................................................................. 11

7.2 Demographics of respondents ........................................................................................... 12

7.3 Responses to the survey ...................................................................................................... 14

8. Feedback from the discussion forum, emails and letters ....................................................... 26

9. Key Findings ............................................................................................................................ 28

10. Next Steps ............................................................................................................................. 28

Appendix A – Glossary .............................................................................................................. 29

Appendix B – Copy of the Maternity Survey ............................................................................ 30
2. Executive summary

2.1 Purpose of the public engagement
Oxfordshire Clinical Commissioning Group (OCCG) embarked on a period of engagement from 14th September to 11th November 2013 to gather feedback on the proposed outcomes for maternity services to support Outcomes Based Commissioning (OBC) for Oxfordshire.

During the engagement activity OCCG aimed to gather feedback on four key areas:

1. Are the 4 proposed outcomes (healthy mother, healthy baby, healthy family and experience of care) the right outcomes for maternity services in Oxfordshire?
2. Have we got our measures right for these outcomes?
3. What else should we include and why?
4. Are there any other comments that you would like to make?

2.2 Process & Methodology
A wide variety of engagement methods were used to support this consultation. Online engagement methods on OCCG’s ‘Talking Health’ website were used with an online survey (also available in hard copy); direct feedback from stakeholders via email, phone, or freepost; and the opportunity to participate in an online discussion forum.

The engagement activity was supported by publicity on the websites of other key organisations in Oxfordshire e.g. Healthwatch Oxfordshire, Oxfordshire Community and Voluntary Action (OCVA), The Public Involvement Network (PIN), Netmums.com, Oxford University Hospitals NHS Trust and Oxford Health NHS Foundation Trust. The consultation was also shared with local parish councils and mums/baby groups across the county. A social media campaign was also used to engage with over 4700 followers of OCCG’s Twitter and Facebook pages and the engagement activity was also communicated to all OCCG staff via the intranet and staff newsletters.

2.3 Key Findings
Overall a wide range of responses were received to this engagement activity on maternity services, with feedback gathered from 133 individuals and organisations across Oxfordshire. Of these 78 responded to the survey, 11 to the online discussion forum and others opted to be informed and respond by hard copy/email. The majority of respondents were either expecting a child or had used maternity services in the past 3 years.

Analysis of all of the responses including the survey, discussion forum and direct emails/letters resulted in the following themes emerging:

- Overall support for the 4 proposed outcomes for maternity services

Overall strong support was given for the four proposed outcomes that have been identified for maternity services in Oxfordshire. No-one disagreed with any of the proposed outcomes. The outcome that respondents agreed with the most was ‘Healthy baby’ with 83% of people
choosing ‘strongly agree. The outcome that had the lowest rating was ‘Healthy family’ with 49% of people choosing ‘strongly agree’.

- **Breastfeeding support – a missing outcome?**
  Greater support for breastfeeding and the need for monitoring of breastfeeding rates was a key issue that was consistently raised in response to the questions throughout the survey as well as in the online discussion forum. It was felt that this issue had been omitted from the four proposed outcomes. Stakeholders suggested it should be listed as either a separate outcome and/or used as one of the key measures for other outcomes. The need for support for mothers that are unable to breastfeed was also frequently highlighted as a ‘missing service.’

- **The need for adequate staffing – particularly midwives**
  The need for adequate staffing levels and in particular the need for more, well-trained midwives was highlighted by many stakeholders as something that was missing from the proposed outcome measures for maternity services. Midwives and midwife related services are clearly valued by patients, and this was reflected in the feedback. However some patients disagreed with the measure for Outcome 4: Experience of Care entitled ‘Having a named midwife caring for you throughout pregnancy’ as they indicated that this was impractical due to holidays, illness, availability of appointments etc. Instead they felt that having a small team of good, well-trained midwives that understand your needs was more important and that continuous/named one-to-one care is more important when in labour.

- **Importance of informed choice**
  Many respondents highlighted the need for choice with regards to both choice of care and choice of birth option. It was stressed that this choice needs to be a properly informed choice with better communication between professionals and patients to enable this to happen. Use of complex terminology was also mentioned as an additional and confusing issue when patients are asked to make a choice.

- **More and better postnatal care**
  When asked to add any additional comments about the proposed outcomes and measures for maternity services, the strongest theme that emerged was around the need for more and/or better postnatal services. Comments that people shared indicated that for some people the current patient experience of postnatal care is poor and many respondents gave personal experiences as examples.

- **Education for parents**
  Take-up of antenatal and postnatal education for both parents was raised as a suggestion for measuring Outcome 3: ‘Healthy Family – fit and capable to be the parent you want to be’. Issues around the need for better access to this education and the need for support and guidance around inoculations, breastfeeding, and what to expect in the first year were also identified.

- **Involvement of the father**
  Outcome 3: ‘Healthy Family – fit and capable to be the parent you want to be’ received a lot of comments from respondents saying that involvement of the father should be included as a measure. This included involvement both antenatal and postnatal, with suggestions that
fathers should be included in measures for education and care of the baby, and that there should be more consideration of the mental health/wellbeing of the father.

- **Use SMART measures**

  Respondents highlighted the need for SMART measures (Specific, Measurable, Achievable, Realistic and Timely) for each of the proposed outcomes and also indicated that a number of the measures were either too late e.g. measured after 1 year, or that measures needed to be taken at regular intervals/key points throughout pregnancy and after birth to give an accurate picture of success.

- **Other issues raised**

  Other issues raised included: concern around the potential closure of children’s centres and the impact this would have on families; the need for better transition between different maternity services and for better consistency of care/trained staff; a number of concerns were raised about the impact of isolation/lack of family support on the parent(s); also a number of suggestions were made about asking new parents to complete a survey before leaving hospital.

### 2.4 Conclusion

The above themes and feedback will be considered when finalising the proposed outcomes and measures for maternity services in Oxfordshire.

This consultation report will be available and shared with all those that participated in the consultation at the end of November 2013. The report will also be made available on:

- OCCG’s Talking Health website at [https://consult.oxfordshireccg.nhs.uk/consult.ti/OBCMat](https://consult.oxfordshireccg.nhs.uk/consult.ti/OBCMat) and
- The Public Involvement Network (PIN) website that supports Oxfordshire’s Health & Wellbeing Board at [https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/maternityOBC](https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/maternityOBC)
3. About Us

3.1 Oxfordshire Clinical Commissioning Group

The Oxfordshire Clinical Commissioning Group (OCCG) is supported by, and accountable to NHS England. NHS England is also responsible for commissioning GP services, pharmacies, opticians, dentists and specialised services.

Each Clinical Commissioning Group is required by law to:

- Involve the public in the planning and development of local health services
- Consult on plans to buy health services
- Have two members of the public on the governing body
- Involve patients in decisions about their health and care
- Promote choice of services

OCCG’s aim is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Buying effective health services in Oxfordshire means understanding both the needs of our local population and the pressures the health and social care system faces.

The improvements to healthcare that the Oxfordshire Clinical Commissioning Group wants to make and how it intends to make them are set out in our Operational Plan. This is where you can find more details about our county wide and locality specific work.

Our current priorities are:

- Buying health services that deliver better outcomes for patients
- Improving health services by working closer with our providers
- Moving care closer to home
- Buying services that are patient centred
4. Introduction

Oxfordshire Clinical Commissioning Group's (OCCG's) aim is to secure improved outcomes and value for money for patients and the public. In March 2012, OCCG decided to change how it commissions (buys) some health and social care services by introducing a more outcomes orientated approach to commissioning and contracting. OCCG decided to focus its work in the following three areas to introduce Outcome Based Commissioning (OBC) contracts for 2013/14:

- Frail Elderly
- Maternity
- Mental Health

Overall, an outcomes based approach aims to shift the emphasis from what services a provider will offer, to what outcomes they will achieve for patients. This change in contracting will shift the focus from activities to results, and from how a service operates to the benefits a service accomplishes for patients.

‘At the moment we plan and pay for health services according to a national system. This is largely based on paying organisations for how many patients are diagnosed and treated. While we have never ignored issues such as the patient experience and the quality and safety of those services, these factors have never really been built into contracts with local organisations. Our starting point for this radical new way of thinking is to explore with patients and carers what matters most to them and to start planning our services based on this’.

Dr Mary Keenan, Medical Director for OCCG

5. What you have told us so far

In January 2013 OCCG ran an engagement event across a number of health subjects related to Outcomes Based Commissioning, including maternity, which gave us an initial sense of what people thought was important. These early thoughts have been discussed and checked by a number of other user groups before we shared them with a wide range of clinicians working in maternity services. There is a great deal of consensus between and among users and clinicians on what outcomes matter most. This has led to the development of the four proposed outcomes:

1. **Healthy Mother**: Mothers’ health (in terms of physical, mental and social wellbeing) is as good as it can be through pregnancy, birth and the postnatal period.
2. **Healthy Baby**: Babies’ health is as good as it can be through pregnancy, birth and the postnatal period.
3. **Healthy Family**: Comfortable and confident in the transition from pregnancy to parenthood and fit and capable to be the parent you want to be.
4. **Experience of care**: continuous and seamless care through pregnancy and birth and throughout the postnatal period (first 8 weeks)
6. Purpose of the public engagement

Oxfordshire Clinical Commissioning Group (OCCG) embarked on a period of engagement from 14th September to 11th November 2013 to gather feedback on the proposed outcomes for maternity services to support Outcomes Based Commissioning (OBC) for Oxfordshire.

During the engagement activity OCCG aimed to gather feedback on four key areas:

5. Are the 4 proposed outcomes the right outcomes for maternity services in Oxfordshire?
   - Outcome 1: healthy mother
   - Outcome 2: healthy baby
   - Outcome 3: healthy family – fit and capable to be the parent you want to be
   - Outcome 4: experience of care – experience continuous and seamless service

6. Have we got our measures right for these outcomes?
7. What else should we include and why?
8. Are there any other comments that you would like to make?

6.1 Process & Methodology

A number of different communication and engagement methods were used to raise awareness of the engagement activity around outcomes for maternity services;

Talking Health engagement website
An online engagement site on Outcomes Based Commissioning for Maternity Services was established on OCCG’s Talking Health website. Both an online survey and a discussion forum were developed on the site to enable people to express their views on proposed outcomes and measures for Outcomes Based Commissioning for maternity services.

The Public Involvement Network (PIN) website
The Public Involvement Network (PIN) is a public and voluntary sector stakeholder group that manages engagement activity to support the work of the Joint Health and Wellbeing Board in Oxfordshire. A duplicate of the OCCG engagement page was created on the PIN website and shared with all PIN members to help widen the audience for this engagement project.
Staff of OCCG and Central Southern Commissioning Support Unit
A news item to promote this engagement activity was placed on the internal staff intranet, used by staff of OCCG and Central Southern Commissioning Support Unit. This was so that staff had the opportunity to respond themselves and could also share the information with their own contacts.

Printed Copies
Printed copies of survey were made available and were shared on request.

Other websites
Encouragement was given to all key stakeholder organisations to share information about Outcomes Based Commissioning for Maternity Services on their own websites and with their own members so that views were heard from a wide variety of stakeholders. Examples of websites that helped with this are Healthwatch Oxfordshire, Oxfordshire Community and Voluntary Action (OCVA), the Shipton under Wychwood website and Netmums.com

Newsletters
The consultation was promoted in:
- OCCG’s Talking Health online newsletter
- OCCG’s staff newsletter
Social Media
A social media campaign to support engagement activity for Outcomes Based Commissioning for Maternity Services was developed with appropriate short, targeted messages to encourage feedback, suggestions and two-way dialogue. This was communicated via OCCG's Twitter and Facebook accounts, reaching over 4600 followers.

Partners
Partners such as Oxfordshire County Council, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust were asked to cascade information on the survey/discussion forum on Outcomes Based Commissioning for Maternity Services to as many stakeholders and staff as possible that might be interested in sharing their views.
7. Public Survey on Talking Health

7.1 Number and geographical spread of responses

133 people participated in this engagement project on Outcomes Based Commissioning for maternity services. These responses were widely spread across the county, with a large proportion within 5 miles of Oxford City, but responses also coming from Banbury in the north of the county down to Goring and Henley in the south of the county.
7.2 Demographics of respondents

Over 90% of respondents to this engagement project on outcomes based commissioning for maternity services were women. 5% of respondents were male and 2% preferred not to say.

Gender of respondents:
The majority of responses to this engagement activity were from people aged between 25 and 44. Respondents aged 16-24 had the least number of responses (only 2 people).

**Age of respondents:**

![Bar chart showing age distribution of respondents]

The demographics of respondents therefore clearly reflect the topic of this engagement activity with the majority of respondents being women aged 25-44. Outside of this demographic band, respondents tended to be either work in maternity related services or be grandparents or others that have an interest in maternity services.
7.3 Responses to the survey

The following section shows responses and themes that emerged for maternity outcomes based commissioning for each question throughout the survey.

Question 1: select on option that is most appropriate to you:

The majority of respondents to this survey had a child under the age of 3 years (37%), or a child over the age of 3 years (15%). 6% of respondents indicated that they are currently expecting, or planning to have a baby in the near future.

Question 1: About you

- 29 respondents selected ‘I am a parent of a child aged 3 years or over’.
- 12 respondents selected ‘I am a parent of child under 8 years old’.
- 7 respondents selected ‘I do not have children but am interested in maternity services in Oxfordshire’.
- 5 respondents selected ‘I work in maternity services in Oxfordshire’.
- 5 respondents selected ‘I/we are currently expecting, or planning to have a baby in the near future’.
- 5 respondents selected ‘Other’.

26% of respondents selected ‘other’. When asked to expand on this option the majority of respondents stated that they have children under 3 AND aged 3 years and over.

This response therefore indicates that the majority of people that participated in this survey have experience of maternity services and have used maternity services within the last 3 years.
**Question 2:** To what extent do you agree or disagree with the following four proposed outcomes for maternity services?

The majority of respondents either agreed, or strongly agreed with the four proposed outcomes. No-one disagreed with any of them.

**Chart showing average rating for each of the proposed outcomes for maternity services:**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Family (parent(s), children and sibling(s))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The outcome that respondents agreed with the most was ‘Healthy baby’ with 82% of people choosing ‘strongly agree. The outcome that had the lowest rating was ‘Healthy family’ with 50% of people choosing ‘strongly agree’.

When asked for any further comments, respondents indicated that all of the proposed outcomes are very important and should be part of a positive childbirth experience. Additional common themes also emerged, such as the mention of mental health being very important; the experience of care influencing the future health of the mother and baby; and a good experience of maternity services resulting in parents that are more engaged with healthcare. In addition respondents stressed that how the outcomes are measured is potentially more important.

“I strongly agree that the health of the mother, mentally and physically, throughout pregnancy can have a huge impact on her health postnatally, and immediately this effects the health of the baby and the bond between mother and baby.”

“The experience of care will link into the experience of motherhood and it needs to be as good as possible to result in a healthy baby and healthy mother.”

“These are all fundamental but of course depends on how they are assessed.”
**Question 3:** Are there any additional outcomes that you think are missing for maternity services, that should be added to the four identified above?

42% of respondents (33 people) felt that there were outcomes missing from the four that were proposed in the survey. The most popular suggestion that respondents gave for an additional outcomes was around breastfeeding.

“I think support for breastfeeding, and measuring feeding outcomes is so important that it needs its own category, not to be included within the above ones.”

“Your breastfeeding experience for one child could/can influence the decisions you make for future children.”

“Breastfeeding support and/or much better support for those that have been unsuccessful breastfeeding.”

Respondents also made a number of suggestions around patient choice and the need for adequate staffing of services.

“Maintaining a range of care options, whether that be in the home, community, midwifery led units or hospital delivery suites.”
“Promotion of informed choice.”

“Additional resources in terms of staffing levels”

“More midwives”

Other suggestions made included the provision of counselling and support services to families; a good mother/baby bond; and quality clinical post-natal and pre-natal care.

“There should be provision for the less than ideal outcome - for some that could mean having counselling for a complicated birth and associated trauma”

“Secure attachment between baby and mother”

Outcome 1: Healthy Mother

Question 4: To what extent do you agree or disagree with what we will be measuring for each outcome?

When asked to look at the measures for outcome 1: Healthy Mother, the majority of respondents either agreed or strongly agreed with the proposed measures.

The measure that people agreed with the most was ‘Assessment of a mother’s mental health’ with 65% of respondents (51 people) indicating that they ‘strongly agree’ and 33% selecting ‘agree’.

Detailed breakdown for 'Assessment of a mother's mental health'

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>65% (51)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>33% (26)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

The measure that respondents agreed with the least (but still agreed) was ‘Women who get access to services before 13 weeks of pregnancy’. This measure had 44% of respondents (34 people) indicating that they strongly agreed and 14% (11 people) indicated that they were ‘neutral’. The reason for this result was highlighted when respondents were asked to
comment further, as people either felt that measures should take place more frequently, or should be done throughout the duration of the pregnancy rather than just until 13 weeks. 

“Why just before 13 weeks of pregnancy? Access to care throughout pregnancy is important.”

When asked if there are any other measures that should be added to outcome 1: ‘healthy mother’, the most common theme that emerged was the need to measure those patients that are in need of further treatment/ surgery /interventions following complications with the birth.

“Mothers who need ongoing outpatient treatment because of complications arising from having a baby.”

“Number of complicated births i.e. requiring surgical procedures”

Another common theme when asked about additional measures for outcome 1: ‘healthy mother’ was the need to measure breastfeeding rates.

“A measure of how long mums choose to breastfeed. is a mother breastfeeding still at the 8-12 month development check. is the mum breastfeeding at the 6/8 week check...”

**Outcome 2: Healthy Baby**

**Question 5:** To what extent do you agree or disagree with what we will be measuring for each outcome:

The majority of respondents agreed or strongly agreed with the measures for outcome 2: Health Baby.

The measures that people agreed with the most were ‘How many babies die or are still born’ and ‘How many babies need special care when they weren’t expected to need special care’, which both had 64% of respondents (50 people) indicating that they strongly agreed with these measures.

**Detailed breakdown for 'How many babies die or are still born':**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>64% (50)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>28% (22)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>8% (5)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (3)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>
Detailed breakdown for 'How many babies need special care when they weren’t expected to need special care':

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>64% (50)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>31% (24)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>5% (4)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

'Uptake of the newborn screening programmes such as hearing tests' and Detailed breakdown for 'Babies with low birth weight' both received lower levels of agreement. These measures also had 8-12% of people indicating a neutral response and 1% of people said they disagreed with both of these measures.

Detailed breakdown for 'Babies with low birth weight':

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>46% (36)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>41% (32)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>12% (9)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

Detailed breakdown for 'Uptake of the newborn screening programmes such as hearing tests':

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>42% (33)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>40% (38)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>8% (5)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>
When asked if there are any other measures that should be added to outcome 2: ‘healthy baby’, the most common theme that emerged was the need for specific measures around breastfeeding as this was felt to be a key indicator of a healthy baby. A number of responses around breastfeeding also highlighted a need to understand the reasons why some women are not able to/do not breastfeed, including tongue tie.

“Breastfeeding rates, specific attention needs to be given to rates of women who intended to exclusively breastfeed but are supplementing before they even leave hospital and then within the first few weeks and why.”

“Some measure of feeding; promoting breastfeeding as the preferred method, and ensuring women are supported to be successful in that, but for those who can’t, or make an informed choice not to, ensuring formula feeding is also well established.”

“Properly looking for tongue tie. This has a huge effect on breastfeeding success and mother and baby bonding and therefore the mother’s mental health.”

The second strongest theme that emerged for additional measures for outcome 2: ‘healthy baby’ was the need to measure the number of babies needing additional or special care after birth.

“Babies that need to be readmitted after they have gone home, or need to be seen by GP etc”

Outcome 3: Healthy Family - fit and capable to be the parent you want to be

Question 6: To what extent do you agree or disagree with what we will be measuring for each outcome:

There was a mixed response to all measures proposed for outcome 3: healthy family, with responses from ‘disagree’ through to ‘strongly agree’ given for all three measures.

Detailed breakdown for 'Access to antenatal education'

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>63%</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
**Detailed breakdown for 'Feeling confident at the end of the first year'**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td><img src="image1" alt="Strongly Agree" /></td>
<td>46% (36)</td>
</tr>
<tr>
<td>Agree</td>
<td><img src="image2" alt="Agree" /></td>
<td>40% (31)</td>
</tr>
<tr>
<td>Neutral</td>
<td><img src="image3" alt="Neutral" /></td>
<td>13% (10)</td>
</tr>
<tr>
<td>Disagree</td>
<td><img src="image4" alt="Disagree" /></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td><img src="image5" alt="Strongly Disagree" /></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

**Detailed breakdown for 'Feeling able to make informed choices about your pregnancy'**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td><img src="image6" alt="Strongly Agree" /></td>
<td>52% (48)</td>
</tr>
<tr>
<td>Agree</td>
<td><img src="image7" alt="Agree" /></td>
<td>33% (26)</td>
</tr>
<tr>
<td>Neutral</td>
<td><img src="image8" alt="Neutral" /></td>
<td>4% (3)</td>
</tr>
<tr>
<td>Disagree</td>
<td><img src="image9" alt="Disagree" /></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td><img src="image10" alt="Strongly Disagree" /></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

The measures 'Access to antenatal education' and 'Feeling able to make informed choices about your pregnancy' both had 62-63% of people indicating that they strongly agreed with these measures, however 'Feeling confident at the end of the first year' only had 46% of people selecting 'strongly agree.

All of these measures had 1% of people saying that they 'disagreed'.

When asked if there are any other measures that should be added to outcome 3: ‘healthy family’ the most common theme that emerged was the need to include a measure on education.

*“Access to postnatal education - breastfeeding etc”*

*“Feeling confident and informed enough to make choices about your child’s care and health (inoculations, breast feeding, administering first and/or where and how to get help for your child etc)”*
“Access to postnatal education and support Access to advice re. benefits, housing support, helplines etc”

Breastfeeding and breastfeeding support was raised as another measure that should be added to outcome 3: ‘healthy family’

“Still breastfeeding at 6 months if they wished to do so. Ability to access breastfeeding support.”

“Access to competent feeding support”

Greater father involvement and measuring the mental health/wellbeing of the father were also strong themes for measures to include in outcome 3: ‘healthy family’.

“Paternal post natal depression - needs more screening for and services”

“Involving fathers in education re looking after the baby etc”

Other issues raised in response to this question included assessment of these measures is needed at an earlier stage e.g.1-3 months; greater support for health and wellbeing; more and better post-natal support and measurement of vaccination uptake.

“Access to postnatal support groups.”

“The time scale of a year postnatally is too long I think - what about feeling confident at the end of the first month?”

Outcome 4: Experience of Care - Experience continuous and seamless service

Question 7: To what extent do you agree or disagree with what we will be measuring for each outcome:

The measure that respondents agreed with the most for outcome 4 – Experience of care, was ‘Continuous one-to-one care by a midwife in labour’ which received 71% of respondents (55 people) saying that they strongly agreed.

Detailed breakdown for 'Continuous one-to-one care by a midwife in labour':

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>71% (55)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>26% (20)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>4% (3)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>
The measure 'Being offered a choice of place for the delivery of your baby' received a mixed response with 67% of people strongly agreeing with this measure through to 1% of people indicating that they disagree.

**Detailed breakdown for 'Being offered a choice of place for the delivery of your baby':**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>67% (52)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>29% (22)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>4% (3)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0% (0)</td>
</tr>
</tbody>
</table>

'Having a named midwife caring for you throughout pregnancy' was the measure that respondents agreed with the least. It also had 3% of people saying that they 'strongly disagreed' with this measure. This was not because they did not want a named midwife, but because many people felt this was impracticable due to possibility of sickness/annual leave etc.

“Maybe look at having a named midwife team rather than a named midwife”

**Detailed breakdown for 'Having a named midwife caring for you throughout pregnancy':**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td></td>
<td>59% (46)</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td>28% (22)</td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td>9% (7)</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>1% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>3% (2)</td>
</tr>
</tbody>
</table>

When asked if there are any other measures that should be added to 'experience of care', many respondents indicated that care should be more consistent and integrated in order to improve the experience and outcomes for patients.
“I think the maternity services provided should be "joined-up" as all of my ante-natal and post-natal care felt disjointed.”

“By good joined up working - health, social care, GP, and the primary health care team we can achieve good outcomes for families and babies.”

In addition many people added that they felt that choice was a very important measure in order to ensure that the experience of care is good.

“I believe in the right to choice however it should not be against medical advice.”

“Having access to information to make informed choices re type of birth”

**Question 8:** If there is anything you would like to add about the proposed outcomes for maternity services, how they will be measured or anything more you want to say that you think is important, please tell us here:

When asked to add any additional comments about the proposed outcomes and measures for maternity services, the strongest theme that emerged was around the need for more and/or better postnatal services. Comments that people shared indicated that the patient experience of postnatal care is poor.

“Currently postnatal care by community services is falling apart/being watered down. e.g. mothers who are not first time mothers are often only seen once by com. midwife in the 10 days following the birth.”

“Reviewing postnatal care for women should be a priority.”

“I suggest that you make sure that you have sufficient postnatal outcomes because this is a real weakness in current maternity services.”

Another strong theme related to postnatal care was the need for the availability of more midwife support. Midwives and midwife related services are clearly valued by patients, however respondents indicated that there are not enough and that this impacts on the experience of postnatal care.

“Midwifery led care, through team midwifery, should be re-assessed and introduced.”

“More midwife led services, less medical births.”

“Numbers of midwives and those training to be midwives are critical to the above.”

Breastfeeding emerged as a strong theme with suggestions for it to be included both as a measure and as a separate outcome. Respondents felt that more breastfeeding support was needed and that this was a strong measure for the health of the baby and the mother/baby bond.
“Breastfeeding initiation and continuation (to six months and beyond) should be included within these measures. This will have an impact on the outcomes for both mother and baby.”

“Breastfeeding classes/talks at evenings or weekends for prospective parents (who may be working full time up to the birth)”

“I’d like to see measures of breastfeeding rates- this really helps both mother and baby in so many ways, so can be a good indicator for baby and mother health.”

Choice was raised a number of times, specifically in relation to the mother being able to make a properly informed choice around the birth and care of her baby and then supported in the option that she then chooses to go for.

“As professionals it is right that we should inform new parents of their choices, however it is equally important that we listen to them and support their decisions.”

“How informed a person is will help them to make choices and feel more able.”

“...helping women to make informed choices with all benefits and risks explained clearly to them, highlighting relevant research.”

Other key subjects raised in response to this question were education and training; the need for better communication with patients and less use of complex terminology; concern about the closure of children’s centres; the problems of isolation/lack of family support; and the need for SMART measures for each of the proposed outcomes.

“Better information for women when they first contact a GP to say that they’re pregnant”

“Many of the proposed outcomes are not fully SMART (specific, measurable, achievable, realistic or time-specific)”
8. Feedback from the discussion forum, emails and letters

In addition to the feedback received from responses to the survey (both online and via hard copy), we also received a number of direct emails/letters from stakeholders wishing to share their views in this way as well as 11 respondents participating in an online discussion forum on OCCG’s ‘Talking Health’ website. A number of common themes emerged from these detailed responses and are shown below:

- **The importance of choice and the need for better information** to support parents in making an informed decision

  “All parents should feel that they have been kept well informed, and consulted on their care options throughout labour.”

  “Very important to be able to make an informed decision. I would want to be able to be involved in medical decisions”

  “Better awareness of various programs / benefits available to expectant mothers and new mothers”

- **The importance of breastfeeding as an outcome** of good maternity services, highlighting the need for breastfeeding support and support for other feeding alternatives. In addition respondents made reference to the importance of how long women continue to breastfeed until.

  “The outcome for the patient receiving good maternity care must be that the mother receives support for looking after her baby with breastfeeding support a necessity.”

  “Breastfeeding is important but sometimes it just doesn’t work for whatever reason. There should be support in place to help these new mums who end up combination feeding or just formula.”

  “It is one of the UNICEF Baby Friendly requirements that all parents who are bottle feeding should be shown how to do it safely before discharge. This is certainly not happening at the moment.”

- **The importance of good post-natal care** with a number of people highlighting that there is not currently enough post-natal care for new mothers

  “Roles of midwives/health workers v. important in visiting parents/child in following weeks after birth to give confidence to parents and monitor development of baby as well as mum for PND.”

  “On-going support for mother/father and baby essential in the following weeks/months in the community.”

- **The need for empathy from healthcare staff** and the difference this can make to patient experience

  “...empathetic support from midwives. I knew prior to the birth that I would not be able to breastfeed.”

- Respondents highlighted **the need for adequate staffing – particularly midwives**
“Most important to have adequate no. of midwives on duty every 24hrs. If they are not rushing between patients they have more time for effective communication which in turn reassures both parents.”

- The importance of continuity of care for women from a named person or team within a service, with respondents highlighting that this had not happened in past experiences

“To have a named key person that you actually see more than once as opposed to a name on a board/your notes”

“I have not seen one midwife more than twice. I have received contradictory information throughout the pregnancy.”

“Knowing that you will be meeting someone you know or have met before during your visits is a huge confidence booster”

- Many respondents commented on the need for better communication between healthcare staff and women and their partners, in a language which can be easily understood i.e. not using confusing medical terminology

“Staff’s ability to speak your language is essential. “

“...information should be made clearer (in plain English and not medical speak) and available choices / options explained in details.”

- Another issue raised was the need to increase monitoring in the later stages of pregnancy as this is where women felt the need for reassurance.

“...there should be more oversight in the later stages of pregnancy after the 20-week scan when pregnant women can quickly develop conditions such as pre-eclampsia.”

“The frequency of interaction and the duration of the visits should increase as the pregnancy progresses. Even though the risk factors lower during the advanced stages of pregnancy, the anxiety factor increases and this needs to be addressed as well.”

Other issues raised:

- A number of people also suggested that some sort of survey is given to new mothers to complete prior to leaving hospital as a way of measuring some of the outcomes.
- The importance of having maternity services available locally, preventing the need to travel long distances
- Concerns were also raised about the impact of the potential closure of some Children’s Centres by Oxfordshire County Council. E.g. impact on breastfeeding support.

“Children’s Centres presently provide the majority of specialist breastfeeding support services in the county, through the commissioning of Baby Cafes and similar drop-in services. If these
proposals go ahead in full, the majority of these services will disappear, at least in their present form.”

“I think some key areas of support are to ensure that maternity support is still kept local to avoid women (and families) having to travel ridiculous distances when they might not be able to.”

9. **Key Findings**

The overall themes that emerged throughout the engagement activity on outcomes for maternity services are:

- Overall strong support for the 4 proposed outcomes for maternity services
- The importance of and need for greater breastfeeding support – potentially a missing outcome, or a need for inclusion of breastfeeding in the outcome measures
- The need for adequate staffing – particularly midwives – and the importance of continuity of care with a named person/team in ensuring a good patient experience
- The importance of informed patient choice, with information communicated/delivered in an easy to understand format and with empathy
- More and better postnatal care, ensuring women and their partners are aware of all available maternity services open to them
- Education for parents on all aspects of preparing for, having, and caring for their child
- The importance of involvement of the father throughout pregnancy as well as including the father in key decisions, training, and awareness of the impact of becoming a father on their mental health
- The need to review all of the proposed measures to ensure that they are SMART (Specific, Measurable, Achievable, Realistic and Timely) with a particular emphasis on ensuring that the measures are being assessed at the right time.

10. **Next Steps**

This engagement report will be presented to Oxfordshire Clinical Commissioning Group’s (OCCG) executive board in November. The outcomes and measures for maternity services will be amended and finalised to reflect the views and opinions expressed throughout the survey, discussion forum and in other electronic and hard copy responses. The final outcomes and measures will then be used to inform future Outcomes Based Commissioning contracts for maternity services from April 2013.

A copy of the engagement report on outcomes for maternity services will be shared with all stakeholders that participated and will also be made available on OCCG’s Talking Health website at:

[https://consult.oxfordshireccg.nhs.uk/consult.ti/OBCMat](https://consult.oxfordshireccg.nhs.uk/consult.ti/OBCMat)

And on the Public Involvement Network site (supporting the Health & Wellbeing Board) at:

[https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/maternityOBC](https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/maternityOBC)
Appendix A – Glossary

<table>
<thead>
<tr>
<th>Glossary:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCCG</td>
<td>Oxfordshire Clinical Commissioning Group</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>Commissioning</td>
<td>The process of planning and buying services</td>
</tr>
<tr>
<td>OBC</td>
<td>Outcomes Based Commissioning</td>
</tr>
<tr>
<td>OUH</td>
<td>Oxford University Hospitals NHS Trust</td>
</tr>
<tr>
<td>OH</td>
<td>Oxford Health NHS Foundation Trust</td>
</tr>
</tbody>
</table>
Appendix B – Copy of the Maternity Survey

This short survey will ask for your views about the proposed outcomes for maternity services.

This includes services accessed when preparing to have a baby (pre-conception); when pregnant; to when your new baby is a few months old. You do not need to be a parent to answer this survey.

1/ Please select on option that is most appropriate to you:

☐ I/we are currently expecting, or planning to have a baby in the near future

☐ I am a parent of child under 3 years old

☐ I am a parent of a child aged 3 years or over

☐ I do not have children but am interested in maternity services in Oxfordshire

☐ I work in maternity services in Oxfordshire

☐ Other

If you selected 'other' please tell us more here


2/ To what extent do you agree or disagree with the following four proposed outcomes for maternity services?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Family (parent(s), children and sibling(s))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience of Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you strongly agree or disagree with any of the proposed outcomes, please let us know why below:

3/ Are there any additional outcomes that you think are missing for maternity services, that should be added to the four identified above?

- [ ] Yes
- [ ] No
- [ ] I don't know

If Yes, please let us know what is missing below:
We need to make sure we are measuring all of these outcomes to ensure that maternity services are the best they can be for you and your child. The following questions are about the measures we are proposing to use for each of the four outcomes.

Outcome 1: Healthy Mother

4/ To what extent do you agree or disagree with what we will be measuring for each outcome?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who get access to services before 13 weeks of pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers who need to go back into hospital as they are unwell after being discharged from having a baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of a mother's mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers who die in childbirth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there are any other measures for 'Healthy Mother' that should be added to the list, please let us know below:

5/ Outcome 2: Healthy Baby

To what extent do you agree or disagree with what we will be measuring for each outcome:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

32
How many babies die or are still born

How many babies need special care when they weren't expected to need special care

Babies with low birth weight

Uptake of the newborn screening programmes such as hearing tests

If there are any other measures for 'Healthy Baby' that should be added to the list, please let us know below:

---

6/ **Outcome 3: Healthy Family - fit and capable to be the parent you want to be**

To what extent do you agree or disagree with what we will be measuring for each outcome:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to antenatal education</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling confident at the end of the first year</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling able to make informed choices about your pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If there are any other measures for 'Healthy Family' that should be added to the list, please let us know below:

---

7/ **Outcome 4: Experience of Care - Experience continuous and seamless service**
To what extent do you agree or disagree with what we will be measuring for each outcome:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous one-to-one care by a midwife in labour</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being offered a choice of place for the delivery of your baby</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Having a named midwife caring for you throughout pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If there are any other measures for ‘Experience of Care’ that should be added to the list, please let us know below:


8/ If there is anything you would like to add about the proposed outcomes for maternity services, how they will be measured or anything more you want to say that you think is important, please tell us here:


Thank you for participating in this survey about maternity services. Your response will be collated and analysed and a final report of this survey will be publicised on Talking Health in November 2013. Thank you again for your participation.