AIMS For a better birth...

Continuity of carer

Rhetoric into Reality, Policy into Practice

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In April this year AIMS, together with Neighbourhood Midwives, Sandwell and West Birmingham Hospitals NHS Trust and the Royal College of Midwives, organised a successful conference to explore how to encourage Continuity of Carer and the implementation of the Better Births proposals. A key issue is informing and persuading commissioners to commission such services.

The event included a range of workshops on the issues that would ensure the efficacy of continuity of care; one of these was an inquiry into the role of commissioning. Participants were encouraged to imagine good commissioning that would enable them to deliver continuity, then asked them to imagine what they would do if they were a commissioner and offered them the opportunity to share one piece of advice with a commissioner.

This is a short summary of the report of the feedback prepared by the partners in the event and Georgina Craig from the Experience Led Care (ELC) programme: Experience Led Care, a social enterprise organisation which came into existence to investigate how health and care systems could design services that would improve peoples' lives by finding out what matters to the users and providers of the services.

The Albany Practice has repeatedly been held up as a prime example of the impact of continuity of care. Photograph courtesy of Becky Reed©

The feedback itself came from over 50 frontline teams and senior midwifery leaders. They suggested that good commissioning would be relational, that is from commissioners who are engaged, committed and approachable; who seek to work in partnership to improve care with mutual respect and high trust with a positive mindset; who invest in well designed engagement and involvement processes to involve midwives, GPs, MSLCs with lots of user involvement; closing feedback loops and working with a 'wellness model', valuing different outcomes and nurturing innovation.

In answer to the question of how to nudge relationship-centered care that creates continuity, participants felt that continuity of commissioner was important too. Too much moving on meant that commissioners neither knew, nor understood enough about the maternity services. Commissioners could shadow midwives as part of their work, be open to change and listen more. They should be evidence based (they could read the National Maternity Review); be transparent with the budget; make the money follow the woman; give additional tariff to providers who can provide 85% of midwifery care from the same midwife; measure health gain far more broadly with longer term measures of satisfaction, breast feeding and family health and monitor staff recruitment and retention, sickness rates.

Perhaps the most important message participants sent was that commissioning must be a partnership, one that also involves strategic clinical networks. Participants stressed that they want the same things as commissioners, that is a high quality safe service, meeting the needs of the community they serve, '... *predicated on commissioners understanding the lives of those providing care and the families they serve*'. They felt that two-way dialogue is key to great commissioning. They wanted commissioners to allow long-term

outcomes for women and families to influence decisions on funding and saving on costs and to really consider what outcome measures are set by asking whether or not they will make a difference.

AIMS would like to see the ELC report taken very seriously and used to inform commissioning in England.
Georgina Craig

Note
In response to public demand a further 'Continuity of Carer' conference is now being arranged in Leeds on 8 April 2017, see the back cover for further details.