AIMS For a better birth...

Celebrating continuity

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Rhetoric into reality, policy into practice London – 13 April 2016

AIMS, together with Neighbourhood Midwives, Positive Birth Movement, Sandwell and West Birmingham NHS Trust – home of Serenity and Halcyon Birth Centres, and supported by the Royal College of Midwives, held a very successful conference, bringing together woman and midwives to progress the concept of continuity of carer – one of the key recommendations of the National Maternity Review.

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 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 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).They should 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, and

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 this report taken very seriously and used to inform commissioning in England.

AIMS organised a second successful conference in Leeds on 8th April 2017 – details in the next journal.

