



NHS Greater Glasgow & Clyde

NHS Board Meeting

Nurse Director

27 June 2017

Board Paper No:17/20

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland – Update

Recommendation: The Board is asked to:

- 1) Note that the National Maternity & Neonatal Strategy - 'Best Start' – A Five-Year Forward Plan has 76 recommendations setting out a new model of care for maternity and neonatal services across Scotland. Steps have been taken to map out the NHSGGC position against these recommendations;
- 2) Agree that the NHSGGC adopt the key principles of National 'Best Start' report and during 2017/18, develop an Implementation Plan with an evaluation of the impact this will have on the redesign of maternity care and outcomes;
- 3) Agree that the position on the Inverclyde Royal Hospital and the Vale of Leven Hospital CMU's is to pause on any steps to undertake formal public consultation in relation to the Birthing Units while this review/redesign work is undertaken; and
- 4) Note that NHSGGC will review the outcomes of implementation.

1. Purpose

This paper outlines the context and principles of the 'Best Start' report. It proposes that the NHS Board proceeds to the implementation of the recommendations, evaluating their impact on the redesign of maternity care and outcomes that are delivered within NHSGGC. The Board will receive a further report and update at a future NHS Board meeting.

2. Background

The NHS Board at its meeting on 19 December 2016 considered proposed changes to cease birth facilities at the Inverclyde Royal Hospital and the Vale of Leven Hospital Community Midwifery Units (CMU's). The NHS Board agreed that the commencement

of formal public consultation on the proposed changes to the CMUs would be subject to compatibility with the recommendations of the National 'Best Start' report which was subsequently published in late January 2017.

At the February 2017 NHS Board meeting it was agreed that Officers would make a comprehensive assessment of the impact of the report and map out the NHSGGC position against each of the recommendations and make that available to the Board.

In view of this and the likely redesign of maternity services it was therefore not possible to fully address whether or not the proposed closures of the Inverclyde Royal Hospital and the Vale of Leven Hospital Birthing Units should proceed until that assessment had been completed. Following the discussions at the Board Seminar on 6th June it was agreed to provide a position to the 27th June NHS Board meeting for discussion.

3. Key principles 'Best Start'

The key underlying principles for 'Best Start' mark a change from previous maternity reviews:

One of the keys recommendations of the "Best Start" report is – "In conjunction with service users, NHS Boards should undertake an assessment of the viability, and scope, of freestanding midwifery units against an agreed national framework to ensure consistency, with a view to balancing the access needs with the need to ensure resources are used to their maximum impact." Key will be receipt and then consideration of the national framework once it has been published.

Continuity of Carer: all women will have continuity of carer from a primary midwife. Midwives and obstetric teams will be aligned with a caseload of women and be co-located for the provision of community and hospital based services.

Mother and baby at the centre of care: Maternity and Neonatal care is co-designed with women and families, putting mother and baby together at the centre of service planning and delivery as one entity as opposed to a pathway approach to planning care.

Safe, high quality care should be accessible and offer choice including local delivery of services and co-location of specialist maternity and neonatal care and services.

4. Proposal

The proposal is that NHSGGC would move to implement the principles of the National report - 'Best Start' and pause on any steps to undertake formal public consultation in relation to the Birthing Units while this review/redesign work is undertaken. All women

should have access to continuity of carer and, for those who meet the criteria, the option of having a home birth, a birth in an alongside Midwife Led Unit or a Community Maternity Unit. The Board approach will be consistent and equitable offering a woman and family centred focus, and an evidence based approach to maternity service provision.

The models of care will facilitate continuity of care and carer from a primary midwife. Obstetric teams will be aligned and co-located for the provision of community and hospital based services (developing a robust hub model throughout NHSGGC). Work is underway bringing together the available evidence and models provided in the UK and abroad.

It is essential that this work will be developed in partnership with staff, patients, and other key stakeholders.

The scope of this work will include:

- Establishing Midwife Led Birthing Units within Princess Royal Maternity and Queen Elizabeth University Hospital Maternity Unit;
- A recognition that the Birthing Units at Inverclyde Royal Hospital and Vale of Leven Hospital CMU's should continue to operate during the review/redesign work associated with the Best Start report;
- Development of hub and spoke models of maternity care;
- Transitional Care within postnatal wards in all 3 maternity units in NHSGGC;
- Improvement work to promote normality and reduce unnecessary intervention rates during the pregnancy episode;
- Models of care to support continuity of carer;
- Standardised evidence based guidelines;
- Increase Multi Professional working and support;
- Introduction of a new Maternity IT System;
- Begin review of neonatal care and provision;
- Practice development and workforce planning in maternity and neonatology;
- Refresh of the Maternity Services Liaison Committee; and
- Stakeholder Engagement (locally, regionally and nationally).

5 Recommendations:

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