



The Scottish Government

Implementing The Best Start - the journey from policy to practice

September 2017

Introduction

Scotland's maternity and neonatal services are generally providing high quality care, with high levels of satisfaction amongst women and families who use those services. However, services have largely developed over time, rather than being designed around the needs of women and families, leading to different approaches and care across Scotland. Wherever women and babies live in Scotland and whatever their circumstances, all women should have a positive experience of maternity and neonatal care which is focused on them, and takes account of their individual needs and preferences.

This newsletter is the first in a series that will provide updates on how we are bringing the changes proposed in The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care into practice.



An Implementation Programme Board has been established and met for the first time on 9 June 2017. At the first meeting, the Programme Board agreed their terms of reference, how to progress the recommendations identified in the report and the communications and engagement strategy.

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Update from Jane Grant—Chair, Implementation Programme Board

On 9 June I chaired the first meeting of the Implementation Programme Board. I was delighted to see a number of familiar faces around the table, as well as new colleagues, who contributed their views and experience to The Best Start, and whose energy and enthusiasm will carry forward into the implementation of the recommendations contained in the report.

There is no doubting the scale of the challenge facing us to implement the 76 recommendations over the coming years. We are starting from a strong foundation with the care already delivered across Scotland. The recommendations reflect the views and desires of service users and health care professionals across the country so I know the enthusiasm is there to get going as soon as possible!



Jane Grant, Chair,
Implementation
Programme Board

The Programme Board agreed their terms of reference and initial structure going forward. This will see the creation of sub-groups that will focus on the nationally deliverable recommendations. Continuity of carer, new perinatal model of care and person centred care are amongst the key priorities for each of these groups over the next few months.

During the review, the group knew that engagement with both service users and professionals was key to designing a system of care that meets the needs of everyone involved. The implementation phase of this is no different and the Board discussed that the communication and engagement of our plans and progress will be extremely important. To begin this, a series of events were held during June and July 2017 and which gave interested parties the opportunity to come along and hear more about the review and the recommendations.

Who's who on the Implementation Programme Board

Jane Grant	Chair - Chief Executive	NHS GG&C
Prof. Ann Holmes	Vice Chair - Chief Midwifery Advisor & Associate Chief Nursing Officer	Scottish Government
Dr Corinne Love	Vice Chair - Senior Medical Officer	Scottish Government
Sharon Adamson	Regional Planning Director	West of Scotland
Dr Jenny Bennison	GP, NHS Lothian	Royal College of GPs
Prof Hazel Borland	Nursing, Midwifery and Allied Health Professionals Director	NHS Ayrshire & Arran
Prof Alan Cameron	Obstetrician	Royal College of Obstetricians and Gynaecologists
Elsbeth Campbell	Head of Communications	NHS Forth Valley
Justine Craig	Head of Midwifery	NHS Tayside
Elizabeth Duff	Senior Policy Advisor	NCT
Dr Tara Fairley	Clinical Director	NHS Grampian
John Froggatt	Head Child and Maternal Health,	Scottish Government
Dr Roderick Harvey	Medical Director	NHS Highland
Kate Kenmure	Head of Midwifery	NHS Shetland
Susan Key	Associate Director	NHS Education for Scotland
Heather Knox	Director of Acute Services	NHS Lanarkshire
Caroline Lee Davey	Chief Executive	Bliss
Dr Helen Mactier	Chair of Scottish Neonatal Consultants Group and Honorary Secretary British Association of Perinatal Medicine (BAPM)	NHS GG&C
Dr Alan Mathers	Chief of Medicine Women and Children	NHS GG&C
Gillian Morton	General Manager	NHS Forth Valley
Dr Edile Murdoch	Clinical Director Women and Children's and Neonatologist	NHS Lothian
Prof Mary Renfrew	Professor of Mother and Infant Health	School of Nursing & Health Sciences, University of Dundee
Dr Mary Ross Davie	Director for Scotland	RCM
Alison Wright	Chair of Scottish Neonatal Nurses Group, Advanced Neonatal Nurse Practitioners	NHS Tayside

Best Start Engagement Events

Three regional events took place at the end of June and beginning of July and gave almost 300 staff and service user representatives the opportunity to hear about the details of The Best Start Report and discuss the findings and implementation.

Following presentations on the review and the implementation plans, delegates were given the opportunity to ask questions about how implementation will work.

The panel, comprising Jane Grant (Chair of The Best Start Implementation Programme Board), Ann Holmes (Vice Chair of The Best Start Implementation Board), Corinne Love (Vice Chair of The Best Start Implementation Board), Edile Murdoch (Implementation Programme Board) and Kirstie Campbell (Implementation Programme Board Secretariat) answered questions on a range of topics.



Delegates then split into one of three breakout sessions to focus on either continuity of carer and local delivery of care, new Perinatal model of care or person centred care.



Edile Murdoch joins the discussion on Perinatal model of care



“Our role as midwives is to be with women. We’re experts in normality.”
Lynne Reid

“The event allowed people to voice their thoughts—real people on the ground delivering care.”
Iona Philp



Discussing continuity of carer and local delivery of care

Continuity of carer and local delivery of care



The main opportunities that a continuity of carer and local delivery of care model may bring—as identified by the breakout groups

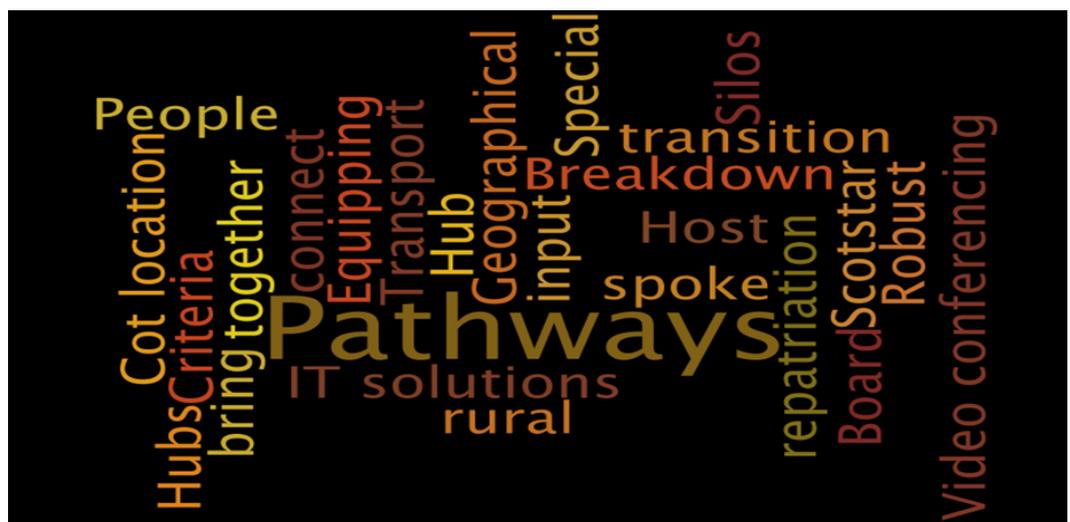
Groups discussing continuity of carer and local delivery of care were asked to consider what opportunities this model will present for staff and families and how best to prepare staff and service users for the new model of care. There was a majority view that continuity of carer would lead to improved outcomes, increased job satisfaction and stronger relationships with mothers and families. The result of these overarching benefits would be increased trust, choice and bespoke care and support for women and their families and greater autonomy for midwives.

“The big picture is too big – if we break it down then it’s less daunting .”

To prepare for the new model of care, the key messages were the need for education and training—with protected training time. Practical support for staff throughout the process will be required. Lastly communication, engagement and sharing learning from early adopter areas will be key to rolling this new model out.

Perinatal model of care

How best to prepare staff and service users for the new model of Perinatal care—as identified by the breakout groups



Groups discussing the new perinatal model of care were asked to focus on how we best prepare staff and users for the new model and how to work across boundaries to deliver care

The key issues identified were the need for clarity on what the new model will look like, a timeline for transition and detail on the impact this will have on staff and resources. This will allow for services to be planned and issues such as transport and accommodation for families to be considered. Clear pathways of care with robust transition and repatriation pathways will also need to be developed. Groups highlighted that a change of culture would be required to make this happen, with stronger links between the hospital and communities, strong leadership and good communication identified as key ways to make this happen.

“It’s an attitude and needs embracing.”

Person centred care



How best to prepare and equip staff and parents to deliver care together for neonates—as identified by the breakout groups.

Groups considering person centred care mostly focussed on how to best prepare and equip staff and parents to deliver care together for neonates and how we adapt our services and culture to facilitate families staying together following delivery in postnatal care.

The key theme identified was that parents need support to empower them to care for their baby and that this support should begin before the baby is born. Staff will need support and training to make this shift towards parents being more empowered.

Relationship building is key and this will begin during antenatal care but needs to continue after leaving the hospital when families would value on-going support. Early engagement with health visitors was discussed, for example when the baby and family are still in hospital, to help improve communications. Virtual help so that people don’t feel isolated and peer support is also important.

For more information on The Best Start Implementation, please contact one of the team:

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Delivery of Local Delivery Recommendations

Out of the 76 recommendations contained in The Best Start, 23 have been identified as suitable for local delivery.

A local implementation lead has been identified in each NHS Board area and is working to produce baseline information outlining their Board's current position in relation to the local recommendations.

Details of local implementation lead are outlined below:

1. NHS Ayrshire and Arran

Liz Moore

2. NHS Borders

Nicky Berry

3. NHS Dumfries and Galloway

Karen King

4. NHS Fife

Aileen Lawrie

5. NHS Forth Valley

Gillian Morton

6. NHS Grampian

Jenny McNicol

7. NHS Greater Glasgow and Clyde

Evelyn Frame

8. NHS Highland

Helen Bryers

9. NHS Lanarkshire

Heather Knox

10. NHS Lothian

Fiona Mitchell

11. NHS Shetland

Kate Kenmure

12. NHS Orkney

Michelle Mackie

13. NHS Tayside

Carol Goodman

14. NHS Western Isles

Catherine Macdonald

