NCT practitioners can help improve maternity services for all women

By Laura James

Two years ago I wrote a piece for NCT Perspective titled Making a difference to maternity care,¹ in which I outlined how I could make a positive difference to the experiences of local mothers and their families through getting involved with the Bromley Maternity Services Liaison Committee (MSLC).

Two years later, and two years on from the publication of the National Maternity Review Better Births, the new Maternity Voices Partnerships (which have replaced MSLCs in England) are key to the implementation of Better Births. This means that NCT practitioners are ideally placed to help improve maternity services for all women.

What’s new?

As I was writing the last article for Perspective, the National Maternity Review’s report into maternity services in England had just been published. Better Births: a Five Year Forward View for maternity care² set out an ambitious vision for ‘Every woman [to] be cared for by services which fit around and respect her, and her baby’s needs and circumstances’. The review
included events nationwide where women could give feedback about their birth experiences and gave opportunities for healthcare professionals to highlight their needs and challenges too.

Alongside the full report, NHS England published a resource pack, outlining how the vision of Better Births was to be implemented. In essence, the key themes of both the main report and the resource pack were:

- **Choice and personalisation**
- **Continuity of carer**
- **Better perinatal mental health and postnatal care**
- **Improving safety (halving the rates of stillbirth, neonatal death, maternal death and brain injury by 2030)**
- **Multi-professional working and working across boundaries with the establishment of 44 Local Maternity Systems.**

In addition, the resource pack calls for ‘Effective service user co-production. We recommend establishment of independent formal multidisciplinary committees, which we call “Maternity Voices Partnerships” (formerly MSLCs), to influence and share in local decision-making.’

**What is a Maternity Voices Partnership?**

MVPs are independent, advisory, and act as a 'critical friend' to the Trust(s) and Clinical Commissioning Groups (CCGs) they are linked to. Their aim is to review (through feedback) and contribute (through co-design and co-production) to the development of local maternity care. They bring together those who commission maternity services with those who provide them (healthcare professionals) and crucially, the women and families who use them (service users). The *Better Births* resource pack states 'Local Maternity Systems will need to ensure all women in their area (and their partners and families) are able to participate in a Maternity Voices Partnership either by giving feedback or by becoming service user members of a partnership’. It describes Maternity Voices Partnerships as 'independent formal multidisciplinary committees which come together to influence and share in the decision-making of the Local Maternity System and its constituent parts. They are similar to existing Maternity Service Liaison Committees (MSLCs) which they will replace.’ In essence there is little difference between the old MSLC and the new MVP, although the remit of the MVP is slightly wider, operating as it did previously but with representation at the new Local Maternity System level as well. It is also worth mentioning that MVPs only exist in England; their counterparts in Wales, Scotland and Northern Ireland will continue to be known as MSLCs.

**What is a Local Maternity System?**

In 2015, England was divided up into 44 Sustainability and Transformation Plans (STPs) to develop 5-year ‘place-based plans’ for health and care services in their area. Local Maternity Systems (LMS) are the maternity arm of STPs and largely coterminal with them. (Maps of the STP/LMS footprints are available from NHS England). They group NHS providers, Clinical Commissioning Groups (CCGs) and Local Authorities together to design services for populations of between 500,000 and 1.5 million. The workplan
and priorities of each local MVP will feed into the work of the LMS and, reciprocally, the workplan of the LMS may feed into the priorities of the MVP (see Fig. 1). It is also important to stress that each MVP will retain autonomy to agree local priorities for local families.

Fig 1. How MVPs work with South East London LMS

How can NCT practitioners get involved?

NCT practitioners have traditionally had a link to MSLCs (now MVPs) and many are chairs of their local committee. It seems to me, at this time of great change and transformation in maternity services, that it is more vital than ever for us to get involved in our local MVPs. In my last article I asked, “Why would you not want to try to reach as many parents as possible in your local area and actively do something to improve those services that your clients are accessing?” With the value being placed on co-production with service users, and a growing recognition that services need to be co-designed with the women who will be using them, there is now even wider scope for NCT practitioners to be heavily involved in shaping maternity care in our local areas. If it seems daunting and too time-consuming to commit to formal meetings, there are other ways that practitioners can be involved:

a) Firstly, **find and make contact with your local MVP.** The National Maternity Voices website has a map indicating the location and contact details of most of the MVPs in England and some MSLCs in Wales, Scotland and Northern Ireland. One third of the members of an MVP should be service users or service user reps so NCT practitioners, with their local knowledge, should be warmly welcomed to sit on the committee. The chair might have some ideas about specific projects you can get involved with.
b) Collect feedback. All effective MVPs will regularly gather feedback from local women about their birth experiences. NCT practitioners are ideally placed to help gather this feedback, at reunions, Baby Cafés, sling libraries, toddler groups and other points of contact with women and their families. Some practitioners I know take two sheets of flipchart paper to course reunions, one marked ‘congratulations’ and one marked ‘considerations’, and ask couples to write on post-it notes (anonymously if they wish) what they loved about their maternity care and what could have been improved. This feedback is then given to the chair of the MVP for discussion at the next meeting.

Other NCT practitioners regularly ‘Walk the Patch’ on behalf of their MVP. This involves touring the maternity wards and talking to women about their experience and any improvements they would like to see. This information is fed back to midwifery managers and the MVP. Walk the Patch can also be done in the community (e.g. antenatal and postnatal clinics in local Children and Family Centres).

c) Promote your local MVP to the families you meet. Ask for flyers/social media details of your local MVP and distribute them to the parents on your courses and at baby and toddler groups. Encourage them to get involved, either by giving feedback or by joining the committee and becoming a service user member.

Find out more!

There is a wealth of information and support available to those wanting to set up or sustain an MVP. A new advisory and action group, National Maternity Voices, has been set up by some experienced MSLC chairs and service users. It aims to network all the MVPs in England and provide mentoring and support for chairs and service users, primarily through social media. Its website www.nationalmaternityvoices.org.uk includes a toolkit of NHS England-endorsed resources for setting up and sustaining an MVP, including case studies and commissioner guidance.

The NCT continues to offer support to MVPs and MSLCs through NCT VOICES development days. These events are for new MVPs that are just starting out, existing MVPs that are flagging, or well-functioning groups that need a new strategic focus. They can be tailor-made for the whole committee or for service users alone. The sessions are facilitated by experienced NCT practitioners and promote effective service user engagement and multidisciplinary working in local maternity services.

For more information on NCT VOICES contact the Commissioned Services Team via commissioned.services@nct.org.uk or see the website http://bit.ly/2Eh4R3j.

Social media is a fantastic place to get advice, support and further information. National Maternity Voices has a public Facebook page and group https://www.facebook.com/groups/NationalMaternityVoices which anyone interested in MVPs can join. There is also a closed group for MVP and MSLC chairs and service users https://www.facebook.com/groups/MaternityServiceUserReps.
Look out for #MatVoices and #MatExp on Twitter and follow @NatMatVoicesorg and its committee members @jameslaja1, @Doula_Lisa, @RachelEllieG, @mariacbooker, @BerksMaternity, @MancHomebirth, @sandra_sjp, @stroppybrunette and others, all of whom regularly tweet about MVPs.

Maternity services in England are undergoing a huge transformation and it is really interesting to see just how much things have changed in the past two years. The role and potential of Maternity Voices Partnerships has been strengthened immeasurably with the publication of the Better Births report and the accompanying resource pack. Women have been urged to 'play your part in creating the maternity services you want for your family and your community. Voice your opinions, just as you have during this review, and challenge those providing the services to meet your expectations.'

I truly believe that the voice of service users and those representing them has never carried more weight and now is the time for all of us to get involved in helping shape maternity care for the better.

References