

East Midland's Strategic Clinical Network – Maternity and Children's













Maternity Patient and Public Involvement – Maternity Liaison Committee Event.

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Prepared by Joanne Harrison and Alison Whitham.



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Background

Patient engagement is central to the principles of NHS England. Capturing the voice of women, children, young people and their families and carers is pivotal to the clinical advisory groups, the work of current projects and the scope of future developments. To ensure that the woman's voice in our work around maternity services was heard an East Midlands (EM) wide workshop was held in January 2014..

Maternity services have a history of patient engagement, through their maternity services liaison committees (MSLC's). These MSLC's have brought together commissioners, providers and service users. Although MSLC's are not a service users group, they are the conduit for client's views and their aspirations for the services are heard in the same forum as service managers, providers and commissioners.

Currently, there are a mixed levels around engagement in these committees (nationally as well in the East Midlands). In areas where there is strong engagement, great co – working and service development can be achieved; as a Strategic Clinical Network (SCN) we wish to promote the continued work of MSLC's or other similar forum.

The January event included clinicians, commissioners and patient representatives from each provider organisation/area. The agreed outputs for the day were

- i) EM guidance re Patient Public Involvement on MSLCs
- ii) Identification of the role of the service user in supporting commissioners and clinicians in achieving personalised care.

A flow chart of principle of practice around MSLC and engagement is provided. A full report of the event written by Gillian Fletcher, who facilitated the event is available on request.



Outputs achieved

The outputs are presented in tables 1 and 2.

Table 1 - East Midlands M&C SCN Guidance re PPI on MSLCs or Equivalent Forum

- MSLC's are designated as independent advisory groups to the commissioners and providers and as such provide the main means of giving service users an influence over maternity strategy and service delivery.
- MSLC's are not user groups although in some areas a different user forum may be set up to
 provide service users with a less formal opportunity to get involved. This user forum should be
 seen as an integral part of the MSLC and meetings should be organised in between each MSLC
 meeting in order to enable a free exchange of views.
- One size does not fit all when it comes to service user engagement. Different client groups may require different methods for gathering their views.
- Being a member of a formal committee such as the MSLC or even the user forum may not be for everyone Giving people different options of ways to get involved can be very helpful such as commenting on information leaflets from home etc..
- Repeat recruitment events from time to time to ensure you hear from current service users as well as those more experienced user representatives who can bring a wider perspective to MSLC discussions.
- Identify groups of service users that are seldom heard from and identify the methods that might be best suited to gathering their views. Asking them what method would suit them best is a good place to start.
- Acknowledge and celebrate the impact that user views have on service improvement and use this to attract more service users to your MSLC.
- Look at ways of raising the profile of the MSLC with local people who use the maternity services.
- Service users should be supported by providing travel and childcare expenses and adequate administration.
- Provide new service users who wish to contribute with a buddy and ensure they receive paperwork for the meetings in a timely manner.



Table 2 - Identifying the role of the service user in supporting commissioners and clinicians in achieving personalised care.

The role of the service user on an MSLC is to;

- Support commissioners and providers in gathering user views and ensure that these inform the development of services.
- Inform the discussions on developing personalised care based on the feedback from numerous local women and balancing this with their own unique experience of having used the maternity services.
- Ensure that feedback gathered by the service user on behalf of the MSLC is balanced.
- Be able to draw on other skills, knowledge and expertise they may bring to the NHS from their work and other life experience and use these appropriately to enhance discussion.
- Be prepared to challenge the status quo and hold providers and commissioners to account when appropriate- challenging issues rather than individuals.
- Make a contribution to the agenda.
- · Listen actively and ask for clarification and support where necessary

Recommendations

The outputs from the event will be developed and incorporated within an East Midlands minimum standard service specification for maternity services that will be presented to commissioners for their use in local discussions. It is suggested that this document will describe the minimum specification and standards which should not be reduced but could be enhanced.

During the event and on reviewing the evaluation forms, there appears to be a need for further network support around the delivery and on – going sustainability of MSLC's within the East Midlands area. It is therefore suggested that there is potential for an annual meeting/event where clinicians, commissioners and lay representatives may join together to meet and discuss, sharing good practice, around MSLC development and future plans.



Appendix 1

Principles of MSLC and Engagement

