

## **Expansion of Community Midwifery Bases – Chesterfield and Clay Cross**

### **Introduction and Background**

The national guidance related to maternity services, Maternity Matters: Choice, access and continuity of care in a safe service (2007), required maternity service providers to increase access to community based antenatal and postnatal care for women and their families. Explicit within this guidance was a guarantee that all women should have a choice of how, when and where they could access these services.

The scope to change the midwifery service provided within GP practices is limited, and it would not be feasible to increase access in all locations where community midwifery services are currently provided in Chesterfield and Clay Cross. Therefore, in order to offer choice of access to services outside of prescriptive clinic times and normal working hours to women in these areas, the centralisation of community services in a locality base that serves each area is required.

This model of service delivery has been successfully established in the Staveley and Darley Dale areas. The base in Darley Dale was established in 2000, and until July 2012 was co-located within Darley Birth Centre, at the Whitworth Hospital. The base in Staveley opened in 2011, and is located within the Healthy Living Centre. The bases are operational seven days a week, and each base currently provides an extended service until 8pm on one week day. In both areas, the community midwifery service has been retained in GP practices where the public transport links to the base are inadequate.

This paper outlines a proposal and supporting rationale to expand this model of community based midwifery provision to Chesterfield and Clay Cross.

### **Current Community Midwifery Service**

Currently, community midwives provide 29 antenatal clinics every week in GP practices in Chesterfield Borough, Clay Cross, and the surrounding area. An additional 4 clinics are provided on alternate weeks because of the low number of women attending. With the exception of one all day clinic, all others are either a morning or afternoon, and all are undertaken on the same day each week. For women attending these clinics, choice of access is limited to the time the community midwife is attending the practice.

In contrast, women attending a base can choose the day and time of their antenatal appointment, with the additional option of accessing a weekend and evening service. It is not feasible or practical to provide a weekend or evening community midwifery service in every GP practice, and therefore the current service is inequitable.

An increasing number of women who received community based antenatal care in a base are choosing to attend the base for some of their postnatal care. This is in preference to a home visit by a community midwife and the main reason is because the woman can be given an appointment time that is convenient for her.

Community midwives undertaking postnatal home visits are not able to provide specific times for their visits and are only able to confirm with the mother that it will be during the morning or the afternoon. This is due to the un-predictability of the clinical workload for midwives working in the community, where there is always the potential for the planned workload for the day to require re-organisation or re-distribution because of the requirement to attend a homebirth, for example.

Currently, midwives based in GP practices can only offer a mother the option of a postnatal appointment at the times they are in the practice undertaking their antenatal clinic, and this would only be possible if the clinic had capacity for this. Therefore, unless the mother is willing and/or able to attend the base in Darley Dale or Staveley, this choice of access to postnatal care is extremely restricted.

In addition to scheduled clinic appointments, the bases also provide a 'drop in' service for women requiring additional support or advice. These sessions are well attended and appear to be highly valued by those women who access them, particularly in relation to support with breastfeeding. Midwives working within the two bases are supported by a Maternity Assistant who undertakes administration and clerical tasks, and also a range of clinical tasks such as urine testing and phlebotomy. This support increases the capacity within antenatal clinics for the midwife to discuss health and lifestyle issues. In contrast, midwives undertaking antenatal clinics within GP surgeries are required to complete these tasks for the women attending their clinic. This is both ineffective and inefficient use of midwife time, but is unavoidable with the current GP practice based service.

## **Evaluation of the Staveley Base**

### **Service Users:**

The Trust has undertaken two surveys of service users attending the base in Staveley. The first in November 2011, after the base had been open for six months, and the second in August 2012. An anonymous 'Tell us what you think' questionnaire was distributed to women accessing the base over a two week period for both surveys.

Questions were related to the venue, access to services and staff. The second survey in August 2012 also asked for details of the number of different midwives seen, whether women had accessed the evening and/ or weekend service, if women would have preferred antenatal appointments at their GP surgery, and if they would recommend the base model of care to other mothers.

The results from both surveys demonstrated high levels of patient satisfaction in terms of the venue, choice of appointment times and flexibility to meet individual needs. The attitude of staff was rated highly and the majority of respondents in both surveys had telephoned the base on at least one occasion for advice or information.

The majority of respondents in the second survey had attended the base either at the weekend and/ or the late evening.

All respondents placed high importance on a 'drop in' facility.

The majority of respondents in the second survey had seen no more than two different midwives during pregnancy. Interestingly, just over half respondents reported that for them it was not important to see the same midwife at every appointment.

All respondents in the second survey reported that they would prefer to attend the base rather than their GP surgery for antenatal appointments, and all would recommend this model of care to other mothers.

The full results of the service user evaluations are attached as Appendices 1 and 2.

### **Midwives:**

As part of the survey undertaken in August 2012, midwives working in the base were also asked to compare this model of working to their previous working practice, and to consider whether it had affected patient care, if they had experienced problems accessing GP records, and if their work/ home life balance had been affected.

Midwives responded positively, reporting that the base enabled them to readily access support from midwifery colleagues and Maternity Assistants.

Comments included having equipment immediately available, being able to access the Trust intranet, policies and email, no constraints on room usage and being able to access other facilities within the building for parent education and meetings.

Midwives initially were concerned about not being able to access GP records when they saw a patient, and it was thought that this would pose a major problem, particularly in relation to sharing of important information regarding previous history.

However, midwives have been proactive in maintaining a regular presence in the GP surgeries for which they are the named midwife, to access and update patient records as necessary. Effective liaison with the health visiting service has also been maintained.

Working from a base appears to have improved work/ home life with midwives reporting less paperwork is now completed at home and they no longer store notes and equipment at home. Midwives undertake significantly less home visits than previously and as a consequence, their mileage and travelling time has reduced.

Midwives from other community teams are now requesting to work from a locality base, because they can appreciate the benefits for both patients and staff associated with this model of care.

## **Proposal Summary**

The proposal is to establish community midwifery bases within Queens Park Sports Centre, Chesterfield, and Clay Cross Clinic, following its refurbishment. Chesterfield Borough Council have recently undertaken a public consultation related to a new build on Queens Park Annexe to replace Queens Park Sports Centre. Within the draft plan, ground floor space has been identified to accommodate a community midwifery base. The new build is scheduled to be completed during 2015. In the interim, ground floor space has been identified in the existing sports centre which could be easily adapted for use as a base. Clay Cross Clinic is currently a vacant building. It is anticipated that a number of health services will be co-located within the refurbished building. A self contained area has been identified for a midwifery base that will support secure out of hours access.

## **Benefits of the Proposal**

### **For Service Users:**

- Women living in Chesterfield and Clay Cross are offered choice in relation to when and where they can access community based maternity care.
- Facilitate the involvement of fathers where appointments are available outside normal working hours.
- Ability to facilitate drop- in services to support breastfeeding.
- Increased access to parent education which can be delivered at the base outside of normal working hours.
- Co-location of other providers, such as smoking cessation, healthy eating project workers, breastfeeding peer supporters and mental health services, as examples.
- Potential to provide dedicated clinics for particular client groups, to include other interested parties.
- Potential to improve health outcomes for mothers and babies.
- Improved patient satisfaction with community based maternity care.

### **For Staff:**

- Reduction in the number of satellite antenatal clinics currently undertaken.
- Reduction in travelling time – increased time available for direct client care.
- Support with administration and clinical tasks from Maternity Assistants – increased time available for duties that can only be undertaken by a midwife.
- Access to equipment, documentation and IT in the locality in which they work.
- More equitable distribution of the workload among the team.

### **For Service Commissioners:**

- Meets the national choice guarantees described in Maternity Matters for women accessing community services in Chesterfield and Clay Cross.
- Potential to outreach to frequently excluded groups.

- Provision of a community based multi-professional partnership approach to care that ensures seamless services.
- Improved accessibility of maternity services to enable early booking for maternity care and early interventions to promote the good health of mothers during pregnancy and after birth.
- Reinforces the emphasis on pregnancy and birth as essentially normal physiological processes, by providing antenatal care in a venue which is not associated with ill health, and women are not perceived as 'patients'.
- Potential to provide direct access to pre-conceptual services in the base, and support women in becoming fit for pregnancy.
- Reduction in antenatal hospital admissions for minor conditions of pregnancy because women can be triaged in a base.
- Increase in sustained rates of breastfeeding.
- Scope to both streamline the maternity/ early years pathway and reduce duplication between midwives, health visitors and social care by co-locating these services within the base.
- Potential to provide consultant clinics and diagnostic services within a base, thereby reducing the requirement for women to attend hospital.

## **Conclusion and Recommendations**

The 'midwifery base' model of community care has enabled the Trust to modernise the midwifery service and achieve national recommendations related to maternity care for a proportion of women who access the maternity service in North Derbyshire.

The evaluations of this model of care by service users and staff are positive, and midwife time is more effectively utilised. There is potential for co-locating other services within the bases in the future to achieve public health initiatives and facilitate partnership working with other agencies.

The Trust requests support from service commissioners to expand this model of community based maternity care to Chesterfield Borough and Clay Cross.

The Trust recognises that the community midwifery services in some GP practices in these areas may need to be retained. Examples may be Stonebroom, South Normanton and Pinxton, because the base in Clay Cross is not easily accessed. The Trust would undertake a thorough assessment of the transport links to the proposed bases and retain service provision in areas where transport links were identified as inadequate. A similar process was undertaken for the base located within the Healthy Living Centre in Staveley and community midwifery services were retained in areas where it was believed women either could not or would not travel to the base. However, since the base in this area has been operation an increasing number of women from these areas are opting to attend the base for their care.

## **Evaluation of the Community Midwifery Base in Staveley**

### **Introduction**

The Community Midwifery Base in the Healthy Living Centre, Staveley was opened in June 2011. This was a significant change to the delivery of community based antenatal and postnatal care for women in this area and a commitment had been given by the Trust to undertake a survey of service users after 6 months.

A 'Tell us what you think' questionnaire was produced and distributed to women attending the base for maternity care over a two week period in November 2011. Questions were related to the venue, the staff and access to the service. Respondents were also invited to make comments. All GP practices that had been affected by the change in community midwifery service provision, received a letter asking for feedback.

### **Results**

A total of 53 questionnaires were returned from women who had received care at the base.

All respondents agreed that the base was easy to find.

35 respondents, (66%), reported that they came to the base by car. Of these, 100%, agreed that there was adequate car parking space.

All respondents described the environment as excellent or good, with the majority, 42 (79%), rating the environment as excellent.

When asked how they would describe the staff, all respondents stated that the professionalism of staff was either excellent or good, and all respondents stated that the attitude of staff was excellent.

All respondents reported that they knew how to contact the base if they needed to.

34 respondents, (64%), reported that they had been pregnant under the previous system of community based maternity care. Of these, 32 (94%), said that attending the base for care was more convenient. The remaining 2 respondents said there was no difference.

All respondents agreed that the service provided in the base was flexible to their needs.

Examples of comments related to this are as follows;

'Very flexible with times, drop in very useful, good telephone advice too'

'Always someone to talk to for advice and can pop in if still worried'

'Appointments easy to make'

'Times more convenient, no hassle with doctor's surgery'

'Easy to change appointments if need to'

'Closer to home and no sitting around in the doctor's waiting room'

'More choice of appointments'

'Evening and weekend appointments are a big improvement for me'

Those women who had experienced the previous system of community based maternity care were asked to rate the new service in terms of whether it was an improvement or worse. All 34 respondents, (100%), rated the new service as being an improvement.

There were no responses received from the GPs who had been contacted.

Linda Gustard, Head of Midwifery/ Senior Matron.  
January 2012.

## EVALUATION OF THE COMMUNITY MIDWIFERY BASE IN STAVELEY

The community midwifery base situated within the Healthy Living Centre in Staveley opened in June 2011. Historically, in this area, community midwifery services had been delivered using a traditional service model, whereby the majority of antenatal care was provided in GP practices, and postnatal care was undertaken in the mother's home. Weekend and evening appointments for planned antenatal care could not be provided, and choice of appointment times for women to see the midwife at their GP practice were limited to the time the midwife was available in the practice. The base enabled the relocation of antenatal clinics previously provided in a number of GP practices and offered the flexibility of evening and weekend appointments. A 'drop in' service is also supported and an increasing number of women are choosing appointments at the base for their postnatal care instead of a home visit by the midwife.

All GP practices affected by the re-location of their community midwifery service to the base retained a 'named midwife'. These midwives were expected to maintain effective communication and information sharing with their GP practice.

The Trust assured GPs, commissioners and community midwives that the service would be evaluated prior to expanding this model of community based midwifery care to other areas.

### **Evaluation by Service Users**

An evaluation by service users was undertaken in November 2011 using a short questionnaire. The results demonstrated a high level of user satisfaction, particularly related to the flexibility of appointment times and the option to attend the base for postnatal care as an alternative to a home visit by a midwife.

Following this survey, a more detailed evaluation was planned when the base had been operational for twelve months. The method used was an anonymous questionnaire. Questions were related to the following areas:

- The accessibility of the base in terms of location, car parking and length of time travelling if using public transport;
- Choice of appointment times and if seen at appointment time;
- Attendance at the base at weekends or the late evening during pregnancy, after birth or both;
- Assessment of the environment and the attitude of staff if contacted the base;
- The number of different midwives seen and opinion on the importance of seeing the same midwife.

Respondents were then asked if they would have preferred their antenatal appointment at their GP surgery, and if they would recommend the base to other mothers.

Respondents were also invited to make comments.

Questionnaires were distributed for a two week period in August 2012.

### **Results**

A total of 86 questionnaires were returned from women who had received care at the base.

#### **Location**

All respondents reported that the base was easy to find. The majority of respondents – 69 (80.2%) came by car, and of these 1 felt that car parking was not adequate.

Of the 17 respondents who used public transport 16 (94.1%) reported their journey took less than 30 minutes, and 1 respondent 30 – 60 minutes.

### **Appointment times**

All respondents reported that they were given a choice of appointment times. 74 (86.0%) were seen in the base at the time of their appointment. Of the 12 who were not, 10 were seen at an earlier time and 2 were seen less than 30 minutes after their appointment time.

### **Attendance at weekends and Thursday evenings**

When asked if they had attended the base during the weekend and/or Thursday evening, respondents replied as follows:

- During pregnancy 19 respondents had attended the base at the weekend and 12 attended on Thursday evening;
- After the birth 9 respondents attended the base at the weekend and 7 attended on the Thursday evening;
- 11 attended the base out of normal hours both during pregnancy and after the birth;
- 58 (67.4%) respondents had accessed care at the base either at the weekend or Thursday evening or both, during pregnancy and/or after the birth.

### **Advice and information**

73 (84.8%) respondents had contacted the base for advice or information. Of these 70 reported that staff were always helpful.

### **Environment**

All respondents rated the environment and facilities provided in the base as either excellent (the vast majority) or good.

### **Midwives seen**

When asked how many different midwives they had seen when attending the base for care during pregnancy, the following was reported:

- 33 saw the same midwife every time;
- 45 saw two midwives;
- 8 saw 3 or more midwives.

Just over half the respondents – 46 (53.4%) – reported that it was not important to see the same midwife at every appointment.

### **Antenatal appointments at GP surgery**

When asked if they would have preferred to have antenatal appointments at their GP surgery, all respondents answered no to this question.

### **Recommending the service**

All respondents reported they would recommend the service provided at the Staveley base.

### **Comments**

When asked for comments about the base and suggestions for improvements, the feedback was very positive, with comments relating to how friendly and professional staff were and how good the service was. The only area identified for improvement by one respondent was a less public waiting area.

### **Evaluation by Staff**

Informal feedback from midwives working in the base has always been positive.

In April 2013, a formal evaluation was obtained from this team of midwives. Each midwife was asked to compare working in a locality base to the previous traditional GP surgery based model. The midwives were also asked to consider whether patient care had been compromised, if problems had arisen by not being able to access GP records, and if work/home life balance had been affected.

All midwives reported that they preferred working from a communal locality base compared to a number of GP surgeries. Midwives rated highly the support they received from colleagues when working in the base, and the availability of a Maternity Assistant to assist with clinical care and clerical tasks.

Comments included having equipment readily available, being able to access the Trust intranet, policies and emails, no constraints on room usage, and being able to use other facilities within the building for parent education and meetings.

Although continuity of care has at times been eroded, this does not appear to be an issue for patients. All midwives commented that patients like the flexibility of being able to have appointments to suit themselves at the expense of seeing their 'named midwife' at every contact.

In view of this, the midwives have implemented a robust process of informing each other when they have seen a patient for whom they are not the 'named midwife'.

Midwives had initially expressed concerns about not being able to access GP records and thought that this would pose a major problem. However, to date, this has not been their experience, and all midwives have regular contact with their GP surgeries.

Work/ home life does not appear to have been adversely affected by the change in working practices. Comments were made that working from a base reduces the need to complete paperwork at home, carry patients' records in the car and store equipment and records in the home. Midwives also commented that there were less interruptions during their working day with telephone calls from patients to their mobile phones, because patients telephoned the base.

In summary, working from a base evaluates very positively with staff and the team are very keen to look at developing and expanding the service, and increase the opportunities for partnership working with other agencies.

### **Evaluation by GPs/Practice Managers**

In November 2011, in conjunction with the first evaluation by service users, a letter was sent to all GPs affected by the change in service, asking for their comments and concerns. No responses were received.

During April 2013, the Practice Managers at all GP surgeries affected by the change in service received a letter inviting them to meet with the Matron for Community Midwifery Services, to discuss any concerns and to obtain feedback. Disappointingly, none of the Practice Managers responded to the letter. The Matron subsequently telephoned each practice.

This resulted in one GP contacting the Matron to discuss his views on the base which mainly centred on questions related to why midwives do not prescribe.

Due to a lack of response it is currently not possible to provide an evaluation of the base by GPs or Practice Managers.

Linda Gustard  
Head of Midwifery/Senior Matron  
May 2013.



## NHS SERVICE RECONFIGURATION INITIAL CHECKLIST

### 1. Initial Information

<i>Project Title</i>	<i>Chesterfield/ Clay Cross Community Midwifery Bases</i>
<i>Contact Officer for project</i>	<i>Linda Gustard, Head of Midwifery</i>
<i>Contact Details</i>	<i>01246 512505</i>
1.1	<p><i>Please provide as much detail as you can at this stage on the nature of the proposed service reconfiguration</i></p> <p>To establish community midwifery bases within Queen's Park Sports Centre, Chesterfield and Clay Cross Health Centre, Clay Cross.</p>
1.2	<p><i>What will this proposal mean for patients and the public? (Please include information on potential impact on accessibility of services and general impacts for patients, carers, public etc.).</i></p> <p>The proposal will enable women living in Chesterfield and Clay Cross to have increased choice of where and when they can access community based maternity care, and facilitate the involvement of fathers by providing access outside normal working hours. The benefits of the proposal for service users, staff and service commissioners are detailed in the attached paper for the Committee's consideration.</p> <p>In all cases where accessing community midwifery services from a locality base instead of a GP practice may have a detrimental impact on a patient, an individual plan of care will be devised for that patient, to mitigate any impact.</p>

### 2. Please outline how this proposal has or will consider the four tests set out in the revised NHS Operating Framework 2010/11.

2.1	<p><i>Have GPs been engaged with the proposals? If not what plans are in place to ensure this happens?</i></p> <p>All GPs affected by the Chesterfield base received a letter in November advising of the change in service, explaining the rationale for the change and giving assurance that a thorough stakeholder evaluation of the new service will be undertaken by the Trust after 6 and 12 months. Communication with GPs in Clay Cross will take place when the refurbishment work required for the venue is due to be completed.</p> <p>The Matron for community midwifery services is organising to meet with all GPs and Practice Managers who will be affected, during January 2014.</p>
2.2	<p><i>How have patients and the public been engaged in this proposal to date and what further activity is planned?</i></p>

	<p>Women's access to community midwifery services is time limited and based on the duration of their pregnancy and postnatal care. Women who have previous experience of GP practice based antenatal care may say they prefer this model of care when asked, because the base model is unknown. Similarly, women who have no experience of practice based midwifery care cannot make a comparison between that and a base. We have therefore opted to evaluate the current midwifery base and two service user evaluations of the community midwifery base in Staveley have been undertaken. These are attached for the Committee's information. The results from both surveys demonstrate high levels of patient satisfaction. For the new bases in Chesterfield and Clay Cross, the named community midwife for women using the current service will provide them with information about the change in service and address any concerns or questions they have. As stated in 2.1, stakeholder evaluation of the new service will be undertaken by the Trust after 6 and 12 months.</p>
2.3	<p><i>What is the clinical evidence base for this reconfiguration?</i></p> <p>The national guidance related to maternity services, Maternity Matters: Choice, access and continuity of care in a safe service (DoH 2007) requires maternity service providers to increase access to community based antenatal and postnatal care for women and their families. Explicit within this guidance was a 'guarantee' that all women should have a choice of how, when and where they can access these services.</p>
2.4	<p><i>How does this proposed reconfiguration fit in with ensuring consistency for patient choice?</i></p> <p>The choice of appointments available to women receiving antenatal care in their GP practice is restricted to the time the midwife is based in the practice. This is the same day(s) every week. In contrast, women who attend the bases in Darley Dale and Staveley have access to services seven days a week, including an evening clinic. For women living in Chesterfield and Clay Cross choice of access to postnatal care is limited to a home visit by the midwife. Women attending a base for their postnatal care can organise a convenient appointment time, and can also access the 'drop in' services provided for additional support.</p>

### 3. Further information

3.1	<p><i>Provide a brief outline of the financial implications of this project.</i></p> <p>The Trust owns Clay Cross Health Centre. Lease arrangements similar to that for the community base located in the Healthy Living Centre, Staveley, have been agreed with Chesterfield Borough Council for Queen's Park Sports Centre. The Trust is not seeking additional funding from commissioners for this service development.</p>
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3.2	<p><i>Please provide a timetable / summary of key dates for activities relating to this project</i></p> <p>Space within the existing Queen's Park Sports Centre has been identified for the midwifery base. Work required to make the area fit for purpose has been undertaken during December 2013. It is anticipated that the base can be operational from early 2014. In the plans for the proposed new build for the sports centre, space has been identified to accommodate a purpose designed midwifery base. Until the new build is complete community midwifery services will be retained in Wheatbridge Surgery due to capacity in the current venue.</p> <p>Refurbishment of the Clay Cross Health Centre is due to commence in January 2014 and is estimated to be completed in 12 weeks. It is therefore anticipated that this base could be operational in April/May 2014.</p>
3.3	<p><i>Following completion of all engagement activity (Public, Clinical etc.) when will you update the Committee on the project?</i></p> <p>The committee will receive an update after the meetings with GPs and Practice Managers have been completed.</p> <p>It is hoped that the committee will support the proposed implementation dates.</p>

**PLEASE RETURN COMPLETED FORMS AND ANY FURTHER INFORMATION THAT WOULD BE USEFUL FOR THE COMMITTEE TO CONSIDER TO:**

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