

# Integrating caseloads across a whole service

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15.11.04



## Background – Drivers for change in the U.K

- Modernisation Agenda
- Keeping the NHS local
- E.W.T.D
- Choice – Payment by Results
- N.S.F
- CEMACH
- Neonatal Clinical Networks
- Good Practice in Maternity Care
- Children's Trusts

## Three Main Themes – Keeping the NHS Local

- Focusing on redesign not relocation of services
- Developing a whole systems approach
- Developing options for change *with* women not *for* them

## Inequality of Current Provision

- Integrated services
- Midwifery Recruitment / Retention
- Access to Midwifery led care
- Access to Home Birth
- Universal Screening
- Allocation of resources

## Workforce Issues

- National shortage of Midwives – Birth rate
- Shift towards part time working
- Agenda for change
- EWTD
- Improving working lives
- Deskilled Midwifery workforce
- Health and Social care integration – Public Health

## Scoping a Service

- Demographic profile
- Deprivation scores
- Health and Social infrastructure
- Transport links
- Seasonal fluctuation
- Available workforce
- Historical data
- Reference costs
- Available resources

## 'Network' Model

- Birth Centres
- Alongside MLU
- High risk tertiary DGH
- Home Birth
- Equitable provision of service
- Emphasis on Community based care

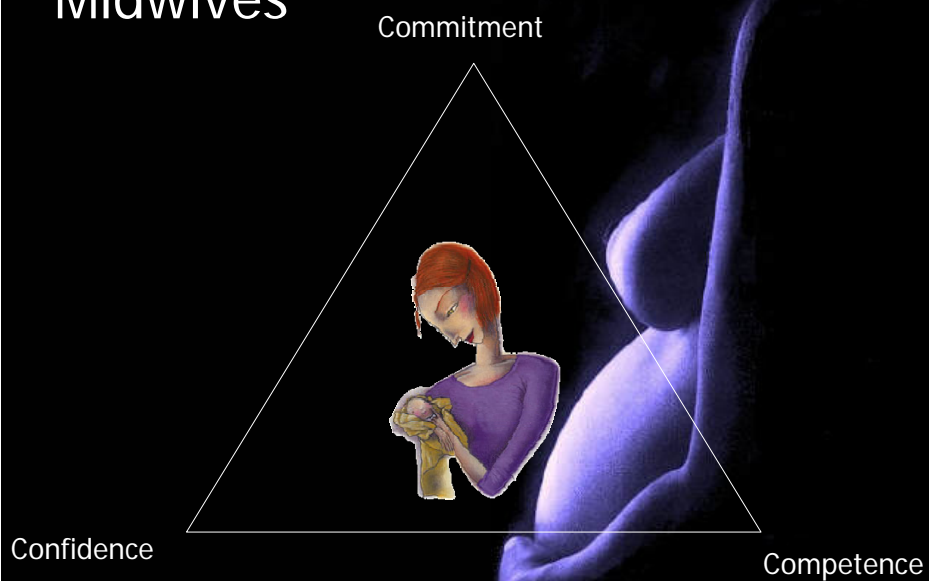
## Creating Sustainable Models of Care

- Not one model for all
- Variety of solutions
- Changes in service delivery
- Development of support roles
- Valuing diversity and choice
- Keeping local women as the focus
- Training and development of workforce
- Extending and enhancing roles
- Shifting the resource

## Managing the Change

- Whole service approach
- Commissioners
- No 'pilots'
- Workforce model
- Skill mix
- External change agent
- Staff involvement
- User involvement

## Midwives



## Building Teams

- Ground Rules
- Team leader role
- Definition of roles
- Meticulous Recruitment
- Interface with Core team
- Consultant support

## Implementation

- Full Consultation
- General Practitioners
- Marketing
- Devolve decision making
- Recognise leadership at all levels
- Devolve Budgets
- Audit as part of process

## Identifying Resources

- Reduce beds
- Reduce L.O.S
- Reduce A/N admissions
- Category X
- Skill Mix

## The Torbay Model

- Fully integrated service
- 2,300 births
- 11% Home Birth
- Midwife Birth ratio 1:26
- 75% Midwife led care

## Role of Team Leader

- Manager of resources
- De centralised decisions
- Budget management
- Performance Review
- Professional leadership
- Annual report



## The Woman

- Focus of care
- Informed Choice
- Plan 'Birth' not 'place'
- Ongoing risk assessment
- Continuity
- Familiarity



## Measuring Success

- Recruitment /Retention
- Sickness Absence
- Complaints
- Staff Women NOT Wards
- Challenging 'Turkey'
- Staff satisfaction
- Improved outcomes



## Cost effective care

- Hospital birth wocc £848
- Excess bed days £300
- Home birth wocc £450
- ELSCS £2389!



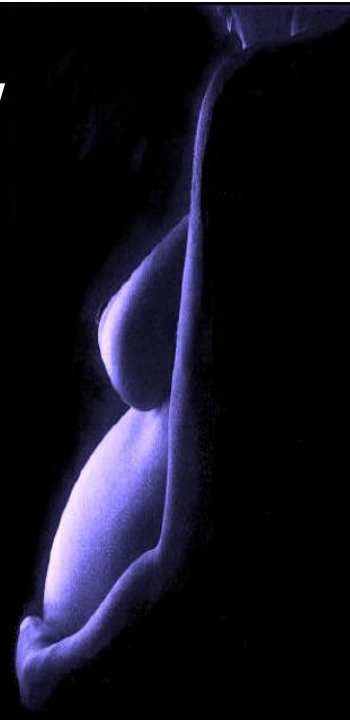
## Category X

- Cat X rate approx 25%
- Unit 3,000 births
- Av Cost £350 per night
- Cost of Cat X £262,500
- Equates to 8 midwives!!



## Home Birth in Torbay

- 230 last year – 11%
- Cost saving £92k
- Equates to 3 midwives
- NOT an expensive option



## LSCS at what cost!!

- Rate of 20%
- Unit 3,000 births
- Mean cost £2,500
- 600 LSCS
- Cost - £1,500,000
- Reduce by 1% = £75k
- Equates to 2.5 MW!!



## Finally.....

- Confident Competent Midwives
- Enabling Organisation
- Informed content women
- Safe and satisfying outcome!!
- No more Turkey!!!!

