Running your Maternity Services Liaison Committee

A practical guide from good practice to trouble shooting

Mary Newburn and Gillian Fletcher
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Executive summary

This practical guide to running a Maternity Services Liaison Committee (MSLC) provides an introduction to MSLCs, examples of good practice and approaches to resolving difficulties experienced by MSLCs and service user representatives in particular. The authors and NCT also make recommendations to local commissioners and provider trusts for the future development of MSLCs.

MSLCs were first established in the 1980s as a multi-disciplinary forum involving healthcare professionals and lay members of the local community, including maternity service users. In the intervening years, they have adapted to changes in NHS systems and structures. National guidelines for Maternity Service Liaison Committees are being updated in 2015, having previously been published in 2006. As a multi-disciplinary advisory group for maternity services’ with a role in monitoring and advising on priorities for development, MSLCs have pioneered a model of co-working involving health professionals and maternity service users.

The Morecambe Bay Investigation highlights just how crucial it is to have a well-functioning MSLC in place, a forum where senior clinicians of all relevant disciplines can discuss with service user representatives the strengths and weakness of the service, and any areas for investigation or development. The report said (recommendation 13) there was a need for increased public and patient involvement via an MSLC at the Furness General Hospital.

NCT carried out a survey of heads of midwifery and user representatives in the spring of 2015 to ask about MSLC activity. Findings from the survey (to be published separately) and a range of stakeholder feedback, show that MSLCs have a positive impact in areas where they are fully functional and well supported. However, there are many areas where there is no MSLC or equivalent multi-disciplinary advisory group with strong parent and local community involvement. There are also areas where the MSLC is under-performing for various reasons.

In order to function effectively, MSLCs need to meet some key criteria which are discussed in this practical guide. They need a clear role; vision and purpose that is shared and understood within the committee and by other parts of the local healthcare system, with active support from commissioners. The work of the committee needs to be organised and well managed. To make this possible, the committee must be adequately resourced in terms of time and a budget.

NCT champions the role of MSLCs as a key mechanism for supporting parent and community engagement in maternity services, as part of the NHS Five Year Forward View (October 2014) in England. This practical guide is designed to help MSLCs work effectively.

The principle of service user involvement

A key intention of the Health and Social Care Act 2012 was to ensure that health services are ‘grounded in systematic patient involvement’.

For individual people, the principle of providing patient-centred healthcare is well established. This is sometimes referred to as individualised, or personalised, care, and in the case of maternity services, terms such as woman-centred or woman-focused and family-centred are often used.

When planning and monitoring services for a local or national population, the principle of service user involvement is considered integral. The Health and Social Care Act 2012 was based on the aim for there to be “no decision about me, without me” for patients about their own care and for the design of health and social care services as systems of care.

MSLC good practice – service users’ insights

We identify aspects of good practice for running an MSLC that were shared during the VOICES training and workshop sessions and networking in the period January-March 2015:

- hold regular meetings
- arrange an away day to set an annual work plan
- engage with the community
- agree clear terms of reference signed off by the commissioner
- establish effective ways for the MSLC to work
- connect with ‘seldom heard’ groups
- identify and action ‘quick wins’ that make a difference to parents
- use social media
• adopt walking the patch
• use online surveys

MSLCs have great potential for supporting further development of multi-disciplinary working in maternity services. They can promote service user involvement and enhance quality, including clinical effectiveness, equity, acceptability, safety and overall positive user experience.

**MSLC good practice case studies**

As part of the project, NCT wrote case studies about how MSLCs had made a difference for women and families using their local maternity services. The good practice case studies have been posted on NCT’s website to encourage and motivate service user reps and MSLCs, and to demonstrate the usefulness of MSLCs to CCGs, strategic clinical networks and Healthwatch.

**Frequently asked questions**

The guide offers solutions to frequently asked questions, practical problems and barriers. Recommended actions include:

- Raise the profile of the MSLC using the trust website, social media and posters around the unit.
- Develop an MSLC name, visual brand, language and images consistently so that they become familiar and people take note.
- Hold regular meetings with new mums at easily accessible venues such as children’s centres, playgroups, school gates, etc.
- Network with other MSLC chairs who use social media effectively and ask for mentoring. Imitation is a great form of flattery. You can always ask for permission to re-use or edit an idea. Always offer to credit your sources; usually the originator will be very pleased.
- Go out to visit the ‘seldom heard’ groups, e.g. visit diabetic clinics, twins and multiples groups. Liaise with specialist midwives, health visitors and doctors with clients who are young mums, homeless, substance abusers, in prison, refugees or asylum seekers, etc.
- Cover childcare costs or go out to groups that have a crèche facility to get more parents involved, and to ensure broader representation.
- Offer user reps training and support — For example, NCT VOICES training encourages greater assertiveness and better communication skills; Healthwatch and other groups may have training to support PPI; local authorities often have training courses that could develop user reps’ knowledge and confidence. Budget for attendance at conferences (delegate fees, travel, childcare costs, and possibly accommodation).
- Make parents and service users integral to the MSLC. Give them an opportunity to add to the agenda and to present. Make it as easy and non-threatening as possible.
- Think about having a separate user group meeting in between MSLC meetings and feeding information, views and ideas between the two.
- It is vital to close the feedback loop and tell people what happened to the views gathered. ‘You said... We did...’

**Discussion and summary**

NCT champions the role of MSLCs as a key mechanism for supporting parent and community engagement in maternity services, as part of the NHS Five Year Forward View in England. Following NCT’s report to NHS England at the end of the support project, the authors of this report submitted a paper on future development of MSLCs with colleagues from NHS England to the National Review of Maternity Services, on the importance of clear positive guidance on the role of MSLCs, the need for CCG support and the importance of Healthwatch working collaboratively with the MSLCs in local areas. They met with the Review chair, Baroness Julia Cumberlege, and vice chair, Sir Cyril Chantler, and the report was well received. With support of the Review team, the National Guidance for Maternity Service Liaison Committees will be revised and relaunched, reflecting changes to NHS structures in England and the MSLC’s role in contemporary maternity services systems and decision-making processes.

NCT is working with NHS England and Healthwatch to ensure that the national website for MSLCs is up-dated, that there is positive guidance for commissioners on establishing and maintaining MSLCs, and that Healthwatch works collaboratively with MSLCs in local areas.
Recommendations

Based on our experience and data collected during the project, we make the following recommendations to CCGs and NHS trusts about running MSLCs:

Each maternity unit, and every maternity service, should have an MSLC which contributes to how that service is monitored and developed. MSLCs may be local, addressing one service or unit only, or may cover a larger area and several services. As with many aspects of operational working, decisions on configuration can be made locally, according to geography, parents’ views, and service needs and priorities.

All CCGs commissioning maternity services should actively support the MSLC(s) in their area, by agreeing and signing off their terms of reference and by providing reasonable financial support. Terms of reference should clearly state the remit of an MSLC as an advisory forum to commissioners with maternity service user representatives, service providers and commissioners working together to contribute to the development of local maternity services.

Healthwatch should work with MSLCs locally to agree priorities and joint initiatives, to ensure that maternity services are responsive to local needs. By supporting and working with their local MSLC, Healthwatch may be able to add value to initiatives, or feel confident that the MSLC will advise them when there are issues needing joint action.

MSLCs should consider the Morecambe Bay Investigation recommendation that ‘Trust(s) should increase public and patient involvement in resolving complaints, in the case of maternity services through the Maternity Services Liaison Committee’. As MSLCs provide a forum for commissioners and senior clinicians of all relevant disciplines to discuss with service user representatives the strengths and weaknesses of the service, any areas for investigation and priorities for improvement, they should be able to alert commissioners when parents have serious concerns.

Acknowledgements

The authors are grateful to Kath Evans and NHS England for funding the Support for MSLCs project.

We are indebted to all those parents and maternity services user reps who serve on MSLCs, either in a voluntary capacity or with remuneration, working to make maternity services responsive to the needs of local parents. We have huge respect for your commitment.

We thank professionals and commissioners for your work to ensure that maternity services engage with women, fathers, partners and other family members to ensure that care is safe, empowering and contributes to long-term health and well-being of mothers and babies.

We are grateful to those who attended NCT VOICES multi-disciplinary workshops during the first three months of 2015 and user reps training sessions in Acton and Wakefield in March 2015. Your ideas and experiences are drawn on heavily in this report, yet the authors are responsible for how they are reported.

Thank you to everyone who has contributed to the NCT Rep Yahoo group discussions and, recently, to ‘MSLC leaders’ on Facebook, set up by the resourceful and innovative Ellie Gardner, Chair of Sheffield MSLC, after the VOICES in Wakefield day.

The illustrations in the report demonstrate what MSLCs are all about. The front cover photograph was taken at an NCT VOICES training day at Tower Hamlets MSLC. We are grateful to the participants for agreeing to be photographed. Thank you to the MSLC reps in the photograph on p3, to Luton MSLC (p4) and to staff and parents in South Lakes for images on p15 and p19.

Rachel Plachcinski has contributed substantially to the project, leading training and networking to collect case studies for use online. She and Sarah McMullen, NCT’s Head of Research, have been close readers of the guide, making valuable comments.

While Mary and Gillian have worked closely with Kath Evans, Head of Patient Experience at NHS England, the views expressed are those of the authors and NCT.
1 About this guide

This is a practical guide to running a Maternity Services Liaison Committee (MSLC). It provides an introduction to MSLCs, examples of good practice and approaches to resolving difficulties experienced by MSLC members, particularly service user representatives. The authors and NCT also make recommendations to local commissioners and provider trusts for the future development of MSLCs.

The guide was developed as part of a three-month project to identify MSLC good practice and challenges that MSLCs and service user representatives face. NCT staff provided additional support to MSLCs during the life-time of the project. The project was funded by NHS England. A report was submitted to NHS England, grounded in findings from the project.

Maternity services liaison committees

MSLCs were first introduced in 1984 as a recommendation of the Maternity Care in Action reports to government. They have adapted to changes in NHS systems and structures in the intervening years.

National guidelines for Maternity Service Liaison Committees are being updated in 2015, having previously been published in 2006. As a multi-disciplinary advisory group for maternity services, with a role in monitoring and advising on priorities for development, MSLCs have pioneered a model of co-working involving professionals (commissioners, clinical services managers and leaders) and the public, particularly those who have an interest and experience in maternity services. In the maternity systems of the 21st century, they are both a channel for users of maternity services to have an influence on the way services were provided, and – crucially – a forum for all those professional groups that provide maternity care to engage with service users and commissioners.

MSLCs should meet at least four times a year and be made up of representatives from the following groups:

- Parents and maternity services users (local people who have had a baby recently or who are expecting a baby).
- Commissioners of maternity services, members of the relevant clinical commissioning group(s) (CCGs).
- The healthcare professionals who provide maternity care, including obstetricians, midwives, neonatologists, health visitors and GPs.
- Voluntary groups representing pregnant women and new parents, such as NCT, SANDS, BLISS, AIMS, Breastfeeding Network, and local parent and community groups, including Black and minority ethnic, faith and marginalised groups.
- Healthwatch, the local consumer champion in health and care. As a national body, Healthwatch has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and social care services.
- As a multi-disciplinary advisory group, the MSLC provides a forum for maternity services commissioners to engage with, listen to, and take account of, the views and experiences of both the users and providers of maternity services.

Since their inception, over 30 years ago, MSLCs have played an important part in shaping the delivery of maternity services to meet the needs of service users. NCT champions the role of MSLCs as a key mechanism for supporting parent and community engagement in maternity services, as part of the NHS Five Year Forward View, for England, published in October 2014. We need continuity as well as change; we need to identify and share good practice and to innovate in order to move forward. Multi-disciplinary advisory groups with service users as equal members are highly relevant for the NHS today:

'We need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.'

In addition to the value of engaging with current service users, The Five Year Forward View recognises that:

'Voluntary organisations often have an impact well beyond what statutory services alone can achieve…. These organisations provide a rich range of activities, including information, advice, advocacy and they deliver vital services with paid expert staff. Often they are better able to reach underserved groups, and are a source of advice for commissioners on particular needs.'

Engaging and involving underserved groups requires commitment, resources and awareness about practical, economic and cultural barriers. A new commitment is needed.
Unfortunately, the Health and Social Care Act (2012) did not specifically address maternity services, and the subsequent guidance for maternity services commissioners missed the opportunity to emphasise the value of combining and integrating two key requirements for quality maternity services:

i. having a continuing multi-disciplinary maternity forum (MSLC) where service users, health professionals and commissioners are all involved in joint reflection, planning, monitoring and advisory work, in an evolving process, using methods such as ‘experience-based co-design’; and

ii. establishing processes to engage with local communities and groups that are often left unheard, creating a relationship and conversations about maternity care and parents’ needs.

It was, however, a positive development that Healthwatch was established to be ‘the consumer champion for health and social care’. Although there was a strong new commitment to patient and public involvement in the NHS, something which MSLCs have pioneered, in practice there has been more of a focus on new ways of working than on developing established models. MSLCs and Healthwatch have complementary roles. Healthwatch is the consumer champion and MSLCs are all about the multi-disciplinary team – about developing shared understandings, doing joint planning and collectively reviewing performance through audit, monitoring and review of feedback for service users.

As a multi-disciplinary group, the MSLC can contribute to the Joint Strategic Needs Assessment. It can provide advice to inform the commissioner’s service specification and help clinical managers decide how to develop services within that framework. Kathy Felton, Commissioning Manager for Maternity, Acute & Community Paediatrics at Brighton and Hove Clinical Commissioning Group says:

‘I cannot understand why some CCGs do not have an MSLC. I find it really helpful in my role. Currently I am working on the Joint Strategic Needs Assessment and am including the issues identified by the MSLC through ‘walking the patch’.

Since 2013 MSLCs have experienced varying support, depending on local CCG leadership, the prior experience and sponsorship of the head of midwifery, and drive of individuals on established MSLCs. Instead of there being a firm recommendation for local service commissioners to establish, support and work with an MSLC, under the new NHS guidance, CCGs were given options about how to engage with patients and the public. The MSLC became just one possible option. Many of the new commissioners had limited prior experience of maternity services or the MSLC model to draw on. MSLC good practice for patient and public engagement, such as ‘walking the patch’, had not been widely disseminated. In contrast, Healthwatch had responsibility to work across all health services, including primary care, services for older people and long term medical conditions, so had limited time for maternity services and could not work on this constantly.

The Morecambe Bay Investigation highlights just how crucial it is to have a well-functioning MSLC in place, a forum where senior clinicians of all relevant disciplines can discuss with service user representatives the strengths and weakness of the service, and any areas for investigation or development.

The investigation report says:

‘The Trust should increase public and patient involvement in resolving complaints, in the case of maternity services through the Maternity Services Liaison Committee. This should be completed, and the improvements demonstrated at an open Board meeting, by December 2015.’

Recommendation 13

NCT carried out a survey of heads of midwifery and user representatives in the spring of 2015 to ask about MSLC activity. Responses to the survey, our experience of working with MSLCs and parent representatives, and recent stakeholder feedback shows that MSLCs have a positive impact in areas where they are fully functional and well supported. However, we also know that there are many areas where there is no MSLC or equivalent multi-disciplinary advisory group with strong parent and local community involvement. There are also areas where the MSLC is under-performing for various reasons.

In order to function effectively, MSLCs need to meet some key criteria which are discussed in this practical guide. They need a clear role, and a vision and purpose that is shared and understood within the committee and by other parts of the local healthcare system, with active support from commissioners. The work of the committee needs to be organised and well managed. To make this possible, the committee must be adequately resourced in terms of time and a budget.

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When planning and monitoring services for a local or national population, the principle of service user involvement is considered integral. The Health and Social Care Act 2012 was based on the aim for there to be "no decision about me, without me" for patients about their own care and for the design of health and social care services as systems of care.

In order to achieve the aim, it important to ensure that a diverse range of service users are involved. This involves time, commitment and expertise. Different groups of service users and different communities need to be engaged, to find ways of expressing their experiences and concerns, and to be 'heard'. In order to feel respected and listened to, it is important that local people see positive changes happening as a result of their involvement.

It is important to identify current good practice, the aspects of care that people value and appreciate, as well as to identify limitations, poor practice and gaps in services. Recognition should be given and thanks expressed, as well as proposals for change.

Many service user stakeholders can contribute: current and recent service users and their partners or family members; experienced service user advocates such as community mothers, community activists, antenatal teachers, doulas, breastfeeding counsellors, peer supporters; community groups and voluntary sector organisations with a vision and/or improve health and social care services.

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as in the delivery of health services. The National Institute for Health Research (NIHR) says that agreeing clear principles for user involvement is important. Service users should feel that their role is clear to them and to others; they should feel valued and respected. NIHR places considerable emphasis on the principle of diversity:

‘Involvement should be offered to relevant groups with equal opportunity, and effort should be made to ensure involvement is inclusive and seldom heard voices are represented.’

The guidance drew on research which identified eight key principles for user (public) involvement in research: agreed roles; a suitable budget; respect for skills, knowledge and experience; provision of training and support; development of user-involvement skills in others; transparency, responsiveness and accountability (clear processes for recruitment, joint work and reporting back); acknowledgement of user input; dissemination and feedback to users (the public).

Whose Shoes® is another innovation in partnership working and co-production in health and social care. Whose Shoes® includes collaborations to improve maternity care, and has a strong social media presence on Twitter (#MatExp @MatExpLC) and Facebook (#MatExp). Consultant obstetrician Florence Willcock (@FWmaternitykhft) has written a blog about how it all started.

Support for MSLCs – Jan-March 2015
The Support for MSLCs project, which operated over a three month period (January - March 2015) funded by NHS England, enabled NCT to support MSLCs in their work as practical advisory forums, whose basis is multi-disciplinary working, specifically planning and monitoring of maternity services and patient and public involvement (PPI).

The project included:
• Running two VOICES training days for parent / service user representatives on MSLCs.
• Collecting case studies of MSLC good practice.
• Consulting parent representatives on MSLCs about their questions and concerns and sharing knowledge and suggestions for improvements and innovations.
• A survey of Heads of Midwifery, NCT-registered parent representatives and others to map MSLCs across England. This built on previous work carried out by NCT and RCM, to show where MSLCs are functioning, and the extent to which they are were being supported by their CCG.

Also, during the period of the Support for MSLCs project, Gillian Fletcher facilitated two multi-disciplinary VOICES MSLC team planning and review days. This guide is based on learning and examples gathered during the project and at other VOICES sessions. We were interested to establish a picture of MSLCs, including practical information such as how often they meet, as well as capturing their priorities, their ways of working and their achievements, so as to identify good practice.

As part of the project, a report was submitted to NHS England regarding national support for MSLCs within the local and national health structures and systems, and support for MSLC committee chairs, members and potential parent and public representatives. Subsequently a paper was submitted by MN and GF with Kath Evans, Head of Patient Experience NHS England, and Jacqueline Dunkley-Bent, Head of Maternity ay NHS England, to the National Maternity Review. Agreement was reached to update the National Guidelines for Maternity Services Liaison Committees in 2015 and to update the national website for MSLCs.

A survey of heads of midwifery had been conducted by Gillian Fletcher in 2013/14, working with Jacque Gerrard, Director England, RCM, to establish how many MSLCs had survived and were thriving following the NHS restructure and the handover of commissioning from primary care trusts to CCGs. Results had shown a very varied picture with every shade of experience from full engagement and active support by the CCG through MSLCs continuing with little or no formal CCG support to MSLCs being wound up or ceasing to function.
Healthwatch

It became evident during the project that at a local level many MSLC reps are collaborating with Healthwatch, and finding the infrastructure for supporting service users an asset. However, we heard of at least one case where Healthwatch has undertaken work on maternity services locally without consulting with an extant MSLC. So, it emerged that greater awareness and better communication is needed between Healthwatch and MSLCs.

We were interested to read the report about MSLCs and variations in CCG support published by Healthwatch Cambridgeshire. The report concluded that:

‘Healthwatch should not be seen as a duplicating or replacing the work of the MSLCs, which are well established and best placed to continue encouraging meaningful conversation between the women using services and the service providers. Their work would benefit from financial and administrative support, to increase service user representation, ... awareness of MSLCs, and to encourage events, particularly targeting harder to reach communities."

Healthwatch Cambridgeshire will work collaboratively with the MSLCs, using our networks to raise awareness of the MSLCs and all possible channels to encourage public engagement. Healthwatch Cambridgeshire can also share relevant feedback ...with MSLCs. Healthwatch Cambridgeshire can use the intelligence gathered by the MSLCs to ... inform decision making at the County or Area level, and escalating issues as necessary.’

The following chapters of the report present service users’ shared insights into good practice, followed by frequently asked questions and concerns raised by MSLC members, with responses. The results of the survey of MSLCs is published separately. Finally, there is a summary with discussion and strategic recommendations mainly directed towards CCGs and other local health professionals, though some are relevant for national bodies, including NHS England and Healthwatch. They reflect key messages in recommendations made to the National Review of Maternity Services.

Whose Shoes® Maternity Experience Workshops

Since the NHS reorganisation in 2013, strategic clinical networks have been set up to improve the quality and consistency of care across geographical areas. During March 2015, the London Maternity Strategic Clinical Network collaborated with Nutshell Communications, NHS England and five hospitals in the London region to pilot Whose Shoes® Workshops. The workshops enabled hospital staff, commissioners and service users to explore issues in local maternity care together, identifying concerns and challenges and then making commitments to make changes in order to improve maternity users’ experiences.

Local maternity services liaison committees (MSLC) helped to identify service users and parent advocates to invite to the workshops, including MSLC members, women who had made a complaint, or who had had a de-brief meeting after receiving care or an appointment with a supervisor of midwives.

Following the workshop in Barking Havering and Redbridge University Hospitals Trust, MSLC Chair, Felicity Smith, said:

‘I have noted a big change in the way that staff are open to service user involvement since the Whose Shoes event and show more interest in the MSLC. We have also had a rise in parents getting involved. We’ve upped our external communication with a new Facebook group and more activity on Twitter.

I shared my birth story at the Whose Shoes? event, and a number of staff said it was helpful hearing a story from a service user to help identify good and bad practice. So we now have a service user story at each MSLC meeting to help staff and all MSLC members see what good care looks like, what poor care looks like and consider how we can be excellent.

The MSLC is involved in monitoring implementation of the action plan that was developed at the workshop.’

Gillian Fletcher says:

‘It is important, wherever Whose Shoes? workshops are being planned to fully involve the local MSLC, both in the planning phase and in monitoring the action plan following the workshop.’
At the VOICES training day for user reps held on Wednesday, 11 March in Acton, London, the 14 MSLC members who attended shared information about how their MSLC functions and their ideas about good practice. More information was collected at VOICES training day held in Wakefield, West Yorkshire on Saturday 21 March, attended by 14 user reps, and from networking throughout the project.

Good practice

Each of the following paragraphs is a good practice point.

Regular meetings

The MSLCs of those attending the training all met 4-6 times per year, with six times being reported most frequently. This frequency felt about right. In addition, some MSLCs had a separate maternity user group for parents which fed into the MSLC. Other MSLCs had multi-disciplinary subgroups, working on particular projects, which met in between full meetings. Another rep said on the Yahoo group that the MSLC alternates monthly with meetings of the labour ward forum, with some attendees common to both. Reps said that it was helpful to meet at the hospital, in order to get staff to attend. In NHS trusts that have more than one maternity unit on different sites, reps expressed the view that having one MSLC per unit was helpful for ease of access, clarity of focus and engagement. One rep attending the VOICES training reported inertia in her area about getting regular meetings established. She was encouraged to talk to the CCG, Healthwatch and the head of midwifery about the need for an effective MSLC.

An away day to set an annual work plan

Those who had experience of a full committee, multi-disciplinary, facilitated planning and development day to set a work plan for the following year reported that this was very helpful. Many NCT user reps are familiar with NCT VOICES facilitated team building and planning events. Gill Philips and Whose shoes?!® also run facilitated maternity engagement and planning events, and provide ideas and resources to encourage trusts to do this kind of work independently.

Regular annual reporting on the committee’s work is a big commitment but makes clear what has been achieved. See for example the Reading, Wokingham and West Berkshire MSLC annual report.

Engagement with the community

Adele Mumby, from Bassetlaw MSLC, shared expertise on ways to engage the local community. They have a service user group that meets one week before the MSLC’s quarterly meeting. Adele advised ‘pick your venues’ carefully. In her experience children’s centres are not a popular, neutral community venue as they can be associated with health surveillance and social stigma. Bassetlaw MSLC has a rolling online maternity services survey to capture views of service users. The volunteers do a lot of community engagement work including talking to parents in school playgrounds and in hospital at the entrance to A&E and on the route to the shop, areas that are always busy. They ask people about, and note down, their antenatal and postnatal care experiences (covering questions included on their online survey), being careful to avoid putting people on the spot by asking them to read and write responses to questions because low literacy is common. A key success factor has been delegating so that responsibility for the initiative is shared by a group of 6-7 parent volunteers from a bank of 12 on the maternity user group. Feedback included ‘bored kids, no drinks, no entertainment’. A quick win that the MSLC achieved to improve experiences for parents was to arrange for the WRVS trolley to visit the antenatal clinic so that women waiting with their children can buy refreshments. Toys have been provided and posters have been put up to communicate information to women while they wait.

Collectively, the reps described engaging local women and getting together in someone’s home or in the children’s centre. Everyone agreed that offering lunch or coffee and cake was a real incentive for getting both parents and professionals to turn up to meetings. Advantages of using the children’s centre included access to the playground and free crèche facilities. Baby clinics, baby shows, any public awareness roadshow, NCT nearly new sales and Christmas socials were all mentioned as opportunities to talk to parents.

Key points for engagement were:

- enable people to tell their stories,
- listen actively,
- "If you want a voice, talk to your MSLC"
• go out and make individual personal connections,
• use popular midwives to make connections,
• nurture by offering food!

Clear terms of reference signed off by the commissioner

Having clear terms of reference for the MSLC enables all stakeholders to be clear about roles and responsibilities, and how the different agencies and parts of the health and social care structure fit together. Department of Health guidance on running an effective MSLC, published in 2006, is being updated in 2015. This is backed by the royal colleges. The NCT/RCM/RCOG consensus statement on MSLCs says:

‘The MSLC remit is to be a multidisciplinary independent advisory group to the commissioners. It is not a user group – the success of MSLCs derives from their role as a discussion forum for a variety of parties involved in maternity services. They enable different views to be debated and for the resulting consensus to be fully integrated into decision-making in an effective, timely and appropriate way.’

Rachel Scarff is employed by Norfolk and Norwich MSLC as their coordinator. She supports the committee chair, and the committee, to work effectively. The terms of reference for Norfolk and Norwich MSLC, which are supported and signed off by the CCG, have been uploaded with other ‘worked templates’ to the NCT MSLC webpage for others to access. The MSLC has an informative page on the Norfolk and Norwich University Hospitals NHS Foundation Trust website explaining what the MSLC does and inviting parents to give their feedback on local maternity services. The MSLC terms of reference are accessible online and the names of the MSLC members.

An effective MSLC

As the commissioner, the CCG can be a very positive influence. One rep stated how helpful it was that ‘the CCG does the admin and brings in key people’. NHS staff, commissioners and children’s centre staff and resources working together with parent reps, can all help to make the MSLC work effectively. For example, The Bassetlaw survey was designed with full parent rep involvement to capture parents’ views and attitudes. It was approved by the MSLC and then distributed by children’s centre staff who also analysed the data. Some 331 responses were generated in six weeks.

Having parent advocates with paid time to carry out the work of the MSLC is important. This can include running the committee, keeping updated with policy developments and evidence, contributing to planning, carrying out reviews, walking the patch, outreach work or consulting community mothers and fathers. Harrow MSLC is one of those where the committee chair is paid; London North West Healthcare NHS Trust pays £400 per month for the equivalent of two days’ work.

Connect with ‘seldom heard’ groups

Some reps had really positive experiences of collaborating with Healthwatch who have resources locally to engage with service users, including in 2014/15 a commitment to ‘Promoting the voices and views of those who often go unheard and people from excluded communities.’ In one area, Healthwatch had helped to draw in the Somali and South Korean communities. More traditional methods, such as using the Catholic Church as a way to reach Polish parents, had also been useful.

Midwives and Family Nurse Partnership health visitors were seen as key in engaging young parents and hearing their views. They could bring young women or families to a one-off session of the committee or feed in their experiences. Midwifery students often have to carry out projects as part of their studies and some reps had experience of them exploring the needs of Black Asian and Minority Ethnic (BAME) groups using their trust’s services. Issues that had come out of these consultations included:

• lack of support immediately after birth.

In response, arrangements were made for fathers to stay on the ward overnight after birth and increased access was also arranged for grandparents.

Having an online presence was considered really important so that local parents searching the web for information about maternity services in their area heard about the MSLC and what it does, or could do, to represent them. Tower Hamlets MSLC and Social Action for Health have done a lot
of community outreach and inclusion work and illustrated this online. Good examples of use of Facebook include King’s College London MSLC. There were 11 news feeds during March, including:

‘Interested in reducing the cesarean rate at King’s? We are looking for a lay representative to be part of a small working group set up to investigate cesarean rates. Please message us if interested. Thank you.’

‘Good morning! Just reminder that the next Maternity Services Liaison Committee meeting is on Thursday 26th March, 1pm -2:30pm. Please contact us for more details if you are keen to come along.’

Identify and action ‘quick wins’ that make a difference to parents

Emily Stow, the parent rep from King’s MSLC, shared a simple, low-cost, ‘quick win’ at the VOICES training day. In response to issues of concern raised by parents via the MSLC that they didn’t understand why newborn babies were being heel-pricked frequently, a leaflet was produced on the reasons for glucose testing and what parents could expect. Health professional staff did the work, once the parents’ voices were heard.

Longer-term objectives are also important. The King’s website says that since its launch, the MSLC at King’s has helped to:

- Improve breast feeding support by providing workshops and drop-in centres.
- Increase mums’ access to birthing pools.

In the summer of 2015, in an attempt to make efficiency savings, the Trust announced a review of support for breastfeeding services. They set in motion plans for midwives with breastfeeding skills and experience who had been working in community services to focus their support on the postnatal ward. This alarmed midwives and local women who know how much support can be needed throughout the early weeks of breastfeeding. In a phone call, Emily Stow said:

‘In difficult circumstances, the MSLC has responded to work done by women in the community, bringing together concerned midwives and community groups with managers at the Trust. Liaison and planning with Lambeth and Southwark local authorities will also be vital as we take forward the challenges of meeting mothers’ and babies’ needs at a time of budget cuts.’

Use social media

Social media is a great way to promote services for parents, and also to raise awareness of maternity service developments and the MSLC. Some positive examples of social media used to promote public and parent engagement include:

- Hampshire MSLC, where Mindy Noble is employed to work for the MSLC. She runs a busy and engaging Facebook page. There were 14 news feeds during March offering a combination of local and national initiatives. These raise awareness and generate engagement with local parents.
- Ashford and St Peter’s Hospital, where the MSLC has a Facebook page including details of regular community get-togethers, MSLC meeting invitations and appealing photographs of the well-designed, purpose-built Abbey Birth Centre.
- Guys and St Thomas’s website, which lists the names of all members of the MSLC including many user reps, and offers ‘an interpreter to attend meetings with you’ if needed through the language support service.
- Ruth Weston, an MSLC parent rep and maternity activist, used a change.org petition in February 2015 to rally support for the midwifery-led unit at Calderdale, Yorkshire where a shortage of midwives was limiting use of midwife-led facilities.

‘Walking the patch’

Several reps were keen to get tips on ‘walking the patch’. This is a method of engaging service users and observing care and services by walking around antenatal clinics, the labour ward, postnatal wards, drop-ins and infant feeding support facilities to watch, listen and ask questions. Senior midwife, Jacqueline Dunkley-Bent, and others at Guy’s and St Thomas’ MSLC, devised this approach to ‘provide the greatest reach to vulnerable groups while making appropriate use of the user representative’s time’. It has several advantages including the following.

- Supporting inclusivity and diversity – service users of all ages, backgrounds and varying social and clinical complexity use NHS services. Engaging people and observing them while attending clinics and staying in wards, when using and experiencing services, facilitates opportunities to hear and draw in a representative range of women and families.
- Collecting rich data – being on the spot provides the opportunity to witness what happens and obtain detailed, objective data, such as length of waiting time, time spent listening, staff introducing themselves (or not doing so), whether parents’ questions are answered, and so on.
- Engaging staff and parents – visits to clinics and wards enables a wide range of health services
staff, as well as parents, to learn about the MSLC and to work with service user reps; staff guide reps on when it is appropriate to approach families and can express their own views on service developments.

Several reps at VOICES training said the process to obtain both a DBS and occupational health check, which are required to enable access to NHS facilities as a volunteer, was drawn-out and time-consuming. It was beneficial to have an NHS sponsor to signpost and support the application.

Feedback from the King’s rep was encouraging: ‘We walk the postnatal ward once a month. We notify the matron when we arrive and she goes round the women and asks permission. We see 7-8 women at a visit. We give feedback to the staff straight away. For example, we found that some women were missing out on meals. Now cereals are available all morning, so women don’t go hungry. We also walk scans, the labour ward and antenatal clinic’. Reps felt that it was very useful to be introduced as ‘a local mum’, as this made the contact friendly and informal. It also made it possible to focus on people’s emotional feelings, ‘which are so important’. User reps on West Berkshire MSLC also walk the patch regularly.

Others were using the 15-step approach. This is based on the idea that within 15 steps of entering an NHS facility or ward the atmosphere and care culture becomes apparent. These impressions about how well patients’ or families’ needs are being met are important. A ‘patient experience toolkit’ is available, which uses four key questions: Is it welcoming? Is it safe? Is it going to care for me? Is it well organised and calm? These map against the regulatory standards of the Care Quality Commission.

Online surveys

Current software which makes design and analysis of online surveys more accessible, plus social media to share and promote direct links to surveys, opens up new ways of engaging with parents and obtaining feedback quickly. Bassetlaw, Sheffield and Hampshire MSLCs/reps have found online surveys useful. Norfolk MSLC has obtained financial support from Healthwatch for the cost of a software licence and West Cumbria MSLC have asked their Healthwatch and/or commissioner to do the same.

In small group work, reps felt that Friends and Family data has the potential to add to the picture about parents’ views of local services. There are four closed questions plus one open question for maternity, as a minimum.

**MSLC good practice case studies**

As part of the project, NCT staff collected information to write case studies about how MSLCs had made a difference for women and families using their local maternity services. A template of questions was drawn up. The good practice case studies have been posted on NCT’s website to encourage and motivate user reps and MSLCs. They also serve to raise awareness and demonstrate the usefulness of MSLCs to CCGs, strategic clinical networks and Healthwatch. The case studies indicate the kinds of positive change that MSLCs can achieve in the areas where they are well established and community engagement work is adequately funded. There is great potential for supporting further development of multi-disciplinary working in maternity services. MSLCs can promote service user involvement and enhance quality, including clinical effectiveness, equity, acceptability, and safety, enabling more women to have a positive experience of pregnancy, labour and birth, postnatal recovery, adjustment to motherhood and infant feeding.

The questions MSLC reps were asked to respond to in writing included:

- What has been achieved?
- Why did the MSLC think this was important?
- How long did it take?
- What barriers or resistance had to be overcome?
- What facilitated change?

There was discussion about how many questions to ask. Too few questions and lots of key information is left out. Too many questions and the request can be daunting in terms of apparent expectations and time commitment. It seems to work best to use an iterative process: promote discussion about MSLC achievements, collect stories, ask for further information using template questions, and edit to make succinct and clear to a reader with no prior knowledge, seek approval of the case study and consent to publish final version online. By both editing to fit the brief and quoting reps’ own words, the case studies are informative, lively and direct.

In our experience, sharing good practice examples is motivating and informative. We all need to affirm those people who innovate and pioneer new ways of listening, paying regard to experiences and finding new ways to meet needs. So, look out for useful reports, blogs, listening events, online forums, useful books and websites. Tweet those links. Have your say on Facebook. Connect up those links. Have your say on Facebook. Connect up people you know. Mentor someone. And make change happen!
3 Frequently asked questions and suggested solutions – trouble shooting

As well as developing a shared view of good practice and promoting it, a further objective of the three-month project was to carry out a listening exercise, using all our points of contact with reps on MSLCs to hear about their questions and concerns and the challenges they face.

This chapter reports on difficulties experienced, with many themes mirroring aspects of good practice reported earlier, but reflecting gaps, lack of consensus or poor team working, limited resources and communication barriers. The themes and quotes were collected from:

- maternity service user representatives during VOICES user rep training and pre-training questionnaires
- health professionals and service users who attended two VOICES multi-disciplinary planning workshops
- discussions on the closed Yahoo group for NCT-registered parent representatives
- Facebook, including ‘MSLC leaders’ set up by service user reps after the Wakefield VOICES event.

A key aim of NCT’s VOICES sessions and online networking is to facilitate problem solving. Some of the techniques used include:

- Working in small groups, sharing ideas interactively
- Involving the whole multi-disciplinary team so that different perspectives and concerns can be shared in a mutual and respectful way
- Calling for other reps’ ideas, breakthroughs and templates on the yahoo group
- Sharing the expertise of the VOICES facilitator who has over 20 years’ experience of working in change management in maternity and other health services
- Drawing in a wide range of personal, local and national knowledge and expertise.

Challenge 1: The MSLC lacks status and effective methods of working

Where MSLCs are operating, user representatives sometimes feel that the role of the committee is not clear in the local NHS trust/CCG health system or that the MSLC could achieve more if aspects of function were better organised. In short, these are issues of the committee’s status and effective working. These two issues are often inter-linked and seem to be mutually dependent. When an MSLC is taken seriously by those in positions of authority they are more likely to invest in establishing terms of reference and working with the MSLC in ways that are transparent and enabling. Equally, if a committee is drawing people in from management and different disciplines in the NHS, attracting community and service user representatives and finding ways to work on issues that result in positive change, the MSLC members will feel motivated, value their work and the forum will be appreciated for its contribution by others. This combined challenge was indicated by questions and comments about:

Planning for and running committee meetings - Who takes responsibility for what? What can be expected in terms of reports, papers and statistics on plans and performance? Who produces the minutes and circulates them? Who approves and who signs off the minutes?

Attendance and group dynamics - How can low attendance or strained committee relationships be addressed?

A budget to manage the committee and its work plan - If it is good practice to have a lay chair and full user engagement, to take an active role in public and parent involvement and to act as an independent advisory body to the commissioner, how is this supported in practice? What is a reasonable budget to expect?

Practical arrangements to support user involvement - What is it reasonable to expect in terms of reimbursement of childcare costs, travel and parking expenses?

Public and parent involvement - do all members of the committee take responsibility for planning and designing ways to gather user views? How will the practical work be done and who will take responsibility?
**Strategic connections** - How does the MSLC work with decision-making bodies within the local maternity services framework?

Reps’ comments about barriers to working effectively included:

‘Everyone has their own agenda. We need to get everyone to be there for the group.’

‘We don’t have buy in from the right people.’

‘User reps can’t give enough time unpaid to make a difference.’

‘(The committee suffers from) lack of direction.’

‘One of our lead health professionals doesn’t believe in the usefulness of the MSLC.’

‘It’s not clear how the MSLC fits in (with the other NHS functions and bodies).’

‘I have tried on several occasions to make the argument for remuneration for the chair but it falls on deaf ears.’

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**Community development work and the Tower Hamlets Mothers Support Group**

Social Action for Health (SAfH) has been innovative in using a community development approach in design and delivery of local MSLCs in Tower Hamlets, Newham, Waltham Forest and Hackney.

The approach empowers local women from the most disadvantaged communities to share their maternity experiences. It builds local women’s capacity to act as representatives and work alongside SAfH staff, providers and commissioners to influence and shape maternity services.

Having a separate user group alongside, and feeding into, MSLC meetings can work well. The Mothers Support Group (MSG) in Tower Hamlets meets between MSLC meetings. Some people need to attend both the user group and the MSLC to act as a link between the two. The group and the MSLC hear stories from women directly, and stories gathered by workers from Social Action for Health.

Social Action for Health gather the views of local women, including Bangladeshi, Indian Caribbean, African, and White British women. Between April 2014 and March 2015 they reached 923 local women in Tower Hamlets and increased their reach to the Chinese and Eastern European communities.

As a group, the MSG identifies some key issues to take to the MSLC meeting as well as coming up with some suggested solutions. With the support of the user chair and the committee’s administrator, individual women gradually develop confidence to feedback directly to the health professionals and commissioner at the MSLC meetings.

The MSLC meetings are open to any MSG member who would like to attend. They have about 100 names on the MSG list with whom they can communicate over specific issues. About 10-12 women regularly attend the MSG meetings and about eight of them attend the MSLC meetings.

Gilliam Fletcher says:

‘I provided NCT’s VOICES training for the Tower Hamlets MSCL in 2008 and recommended the setting up of a separate mothers support group. In 2015, as part of the work for this project, I was welcomed back to attend a mothers’ support group and then to observe an MSLC meeting two weeks later.

‘I was really impressed by how well the committee was working together as an equal team. Service users expressed themselves and there was a good sense of listening and positive regard for others from all those attending.

It seems that the training workshop set the scene for partnership working and has had a lasting impact, affecting the way the multi-disciplinary group functions.

Despite some changing membership over time, some positive behaviours have become well embedded in the culture of the committee.’
Suggested solutions and strategies include the following:

- Work on establishing a clear role for the MSLC and how it works with (other) decision-making bodies affecting maternity services (see pp6-7 of the NCT/RCM/RCOG MSLCs consensus statement).
- Review and develop clear terms of reference that everybody understands, involving the CCG and other bodies. Terms must be mirrored by those of CCG, Trust board, etc. so there is consensus. Move towards this in stages if necessary, with temporary terms of reference while developing support and agreement with other bodies.
- Develop an annual work plan for the MSLC. This should state how service users will be consulted and involved in agreeing priority areas for review and/or development. The MSLC should have a clear method and timetable to feed its advice to the CCG.
- Run meetings with a well-defined agenda. Each item should be there for a clear purpose related to the terms of reference and work plan. Committees should move work forward against objectives rather than only being a forum for exchange of information.
- Push for (or provide) clear, timely minutes with explicit action points and a named individual accountable for each action.
- Strengthen the service user voice and develop the confidence of users. A pre-meeting for service users to agree priorities and plan how to present issues or move things forward can be useful (see the Tower Hamlets case study on p24). Identifying potential allies can also be useful. If others want the committee to work more effectively or to support action to meet parents’ needs, network with them in advance, so you have shared goals or desired next steps.
- Elect or appoint a committed and passionate person to chair the MSLC. Recruiting an experienced committee chair from an effective community organisation may be a positive way forward. If there is no willing lay person, perhaps a lay person could be vice chair or chair elect while they gain confidence to take on the role, learn more about the NHS and how the support systems work.
- Raise the profile of the MSLC. A body with a clear purpose and explicit achievements or influence is more interesting than a body that is unknown or not seen to be effective. Let people know what kinds of difference the MSLC has made. It’s fine to start small and look for quick wins. A Facebook page or webpage linked to the trust or CCG which is inviting, welcoming to its key audiences and relevant will help local parents, professionals, commissioners and related groups and organisations value the MSLC.
- Build face to face and/or online links with relevant local parents’ groups. Look out for related groups and organisations for parents with young children, for specific interest groups (e.g. breastfeeding, bereavement, prematurity, home birth, mental health) and for women or families in the wider community. There are national women’s organisations with local branches, such as the WI, and City of Sanctuary Maternity Stream; neighbourhood groups, e.g. Jewish and Muslim groups, Haamla, other Asian women’s groups. Parents 1st, and Auntie Pam’s; and new online communities, brought together through individuals or groups using social media (e.g. Facebook, Twitter, Meetup groups), at no cost or low cost. Rosey who tweeks @PNDandme, is one stand-out example. She set up #PNDhour, a weekly online meeting for those affected by postnatal depression. Online links can be created and maintained with relatively little effort and at any time of the day that is most convenient. See Positive birth movement, and MatExp, on Facebook for lots of personal experiences, local networks and activist links.
- Involve staff at all levels and form all parts of the maternity service. Involve staff at all levels in the acute unit, at freestanding birth centres and in the community, professional bodies (such as RCM branch), commissioners, clinical networks, children’s centres, Healthwatch.
- Use maternity organisations’ reports, research, local information and other resources. Check out: NCT, Best Beginnings, Maternity Action, Birthrights, BirthchoiceUK, AIMS. They may be able to provide local links and contacts, too.
- Ensure that the MSLC is involved in the LSA Audits of your maternity unit.
- Produce an annual report, published as a PDF. Make particular note of contact with service users and parent advocates, their needs and wants, and all actions and changes that have come about as a direct result. Ensure the report is widely distributed and ‘received’ officially by related decision-making bodies.
- Consider having an MSLC review and planning workshop lasting several hours, ideally with an independent facilitator, such as an NCT VOICES facilitator. A review and planning event, held annually, with opportunities for team-building will probably pay dividends. If the committee is working well it may be possible for a small
planning group to design the day, but having an independent facilitator can enable everyone to participate more fully and equally.

**Challenge 2: Inadequate engagement with parents as service users**

This challenge can operate at one or two levels. First, service user reps who are members of an MSLC sometimes report feeling frustrated that their voices are not being heard. Secondly, there may be no clear mechanisms identified for involving and engaging with current service users and obtaining feedback from them. If user reps on the committee feel side-lined, there may be even less commitment, resources and know-how to engage effectively with wider and more diverse groups of service users.

We address this one issue at a time, starting with user reps who are already on an MSLC and then considering good ways of finding out about the views of different groups of local parents.

**User reps on the MSLC**

Some of the established user reps serving on an MSLC told us that they feel the committee works slowly or has limited impact. They indicated that poor communication was a key factor. Reps can feel frustrated if they are giving their time freely and there is inertia, unwillingness or role-confusion among the salaried staff. Our contacts made comments including:

- ‘We want to be listened to and really heard.’
- ‘We don’t have our views respected.’
- ‘I feel overwhelmed and too intimidated to say what I feel sometimes.’
- ‘There is a complete lack of communication between meetings’
- ‘We get fobbed off with excuses such as “We can’t because of security (or health and safety).” Or often it’s just vague reasons.’
- ‘The MSLC has a hierarchical structure. There are more professionals than service users, and that can feel daunting.’
- ‘Some of the parents don’t feel confident to speak to health professionals.’

Many of the suggested solutions and strategies to make the MSLC operate effectively, listed above, are relevant to improving the experience of parent reps on the MSLC. But, engagement with service users and parent representatives is worthy of special attention in its own right, as it is one of the key purposes of the MSLC. Enabling positive working relationships between professional (salaried) and lay members, volunteers or non-salaried members should be a key priority. Having clear standards, expectations and some practical tactics can help user reps feel valued and able to have an impact. You can try the following:

- **Identify the problem and bite the bullet.** If the quality of chairing is an issue, consider how you can influence good practice. Can you speak up more in a constructive way, asking questions? (e.g. “Who will action that?” “How long will you need before you can report back?”) Can you offer to take the minutes so that you have the opportunity to influence how discussions are recorded? Might you offer to take over chairing the MSLC, or to work with the current chair with a view to standing when there is a vacancy? Do you, or someone else, need some further training in supporting service user involvement? Could Healthwatch or another local body offer support? Is there a shared egroup for the MSLC? Can you use this to develop a culture of timely follow up in between meetings by giving and asking for updates and status reports?

- **Think of ways to actively encourage contributions from shyer individuals.** One option is to use buzz groups of twos or threes for 2 minutes before the main group discussions. This enables people to check out their ideas with one or two others before speaking to a larger group. It can result in richer discussions with more ideas.

- **Consider visiting another MSLC nearby that you understand operates well.** This may give you ideas and greater confidence to suggest new ways of working. Ask a key ally and/or a person who is not engaging currently to visit with you.

- **Talk to local parents to find out what matters to them and why.** If you feel that you can speak for local parents (or they can have a direct voice) on some priority issues, this adds clear legitimacy to user involvement. Gathering or reviewing personal accounts or statistics can generate new enthusiasm and demonstrate need for change, so think how this can be achieved. Numbers count, so if you collect stories or survey data state how many people you have talked with.

**Views of local parents**

If there is a clear programme of activities to identify and consider the views and experiences of local parents, this will have the effect of valuing service user perspectives. It will address parents in the community and also highlight the role of parent leaders on the committee, too.

Considerable time and expertise is required to reach out to local women and families to engage with them. In our consultations, some reps felt
that their MSLC lacked a costed plan for this work. Such a plan should include the aim, particular focus and timescale, as well as the methods to be used. Other questions to consider include: How much will it cost (e.g. for licenced online survey software, interviewers, training, transcription, analysis, a report)? Who will do the work? Is there a budget and/or staff support? How much are volunteers expected to do, and is this reasonable and appropriate?)

It is the responsibility of the whole committee to find solutions to appropriate ways of collecting a broad range of service user views, however, Healthwatch have a particular responsibility to ‘help ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care’. Parent reps can contribute ideas, topic areas and issues, but unless they are contracted and paid to carry out listening activities or research, they may be time-constrained. Many women and men who are willing to serve on an MSLC have multiple demands of both childcare and paid employment.

Some of the MSLC members (user reps and health professionals) said

‘It’s important to get other users’ views’
‘There’s a lack of promotion and community engagement’

‘It’s important to balance user reps’ eagerness with the policies and politics of the Trust’.
‘We face lots of challenges; getting good representation of parents, getting our expenses paid, skilling up NHS staff to understand what user involvement involves, my limited time, wanting to do more, and lack of NCT HQ support.’

‘It took us three years to get a user recruitment poster designed and produced!’

‘The biggest challenge we face is attracting new members to the group representing all ages, ethnic groups and areas of Salford. We struggle to define what we do which doesn’t help when trying to get people to come along.’
‘There needs to be better understanding of our role in connection with other feedback services e.g. Healthwatch.’

Suggested solutions and strategies, including suggestions from user reps at the VOICES training and facilitated planning days, are listed below:

- Work with Healthwatch and the local maternity unit to design and carry out a survey of parents. This could be general to generate areas of concern or have a particular focus, such as postnatal care or the support and preparation needs of birth partners, if there is already evidence of need. A survey with some closed and some open questions can generate useful findings about what parents value and what changes they would like to see, enabling the committee to plan accordingly.

- Promote the MSLC – if you develop a clear name and brand, with consistent visual images and/or a logo, it will help local people recognise you and know what you exist to achieve. You can use a short name if you want to. MSLCs may be rebranded so they are more friendly and accessible. Many MSLCs already use ‘maternity forum’ as their name. See for example https://www.facebook.com/ReadingMSLC?fref=ts

- Raise the profile of the MSLC using the trust website, social media and posters around the unit. It is particularly important to use social media effectively (e.g. Facebook, Twitter and blogging) – Look at what other MSLCs, NCT branches, online communities and interest groups are doing to engage local groups and individuals.
  - Facebook - Join ‘MSLC leaders’ on Facebook, to connect up with other like-minded people. Search ‘maternity services liaison committee’. Go to Hampshire Maternity Services Liaison Committee, as one great example.
  - Twitter - To start tweeting, for example, you can start to follow organisations and individuals you admire, then retweet their tweets to share good information. The more you follow people, the more they will follow you. Avoid personal attacks or being confrontational. Raise concerns by asking questions.
  - On-line petitions - If you feel that the MSLC is slow to move things forward, you could start a petition to gauge local interest or to lobby for a new service. Ruth Weston used www.change.org/ to encourage Calderdale to re-open the purpose-built alongside midwifery unit, see http://bit.ly/calderdalebirthcentre She has a big following as she blogs regularly: https://bornstroppy.wordpress.com/
  - Write a blog - If you want to share your experience of developing maternity services, of being on your MSLC, or being a patient leader you could blog about it. For guidance on setting up a blog try http://bit.ly/guide2blogging
  - Getting started - If you need help to get started, ask a friend or your daughter or son. Don’t feel afraid or intimidated. Take it one step at a time with someone to guide you. Network with other MSLC chairs who use social media effectively and ask for mentoring. Imitation is a great form of flattery! Ask for
permission to re-use an idea and acknowledge your source. The originator will usually be pleased.

• Hold regular meetings with new mums – Informal meetings can be arranged at easily accessible venues such as children’s centres, playgroups, school gates.

• Establish ‘walking the patch’ – This is a really good way to meet a cross section of women and families using maternity services. Mention the MSLC when you ‘walk the patch’ as well as gathering views. Each day is a potential opportunity for recruitment, so leave a flier or a slip with the social media or meeting date details.

• Go out to visit the ‘seldom heard’ groups – for example, visit diabetic clinics, twins and multiples groups; liaise with specialist midwives, health visitors and doctors with particular client groups; find out who addresses the needs of young mums, homeless women, substance abusers, women/fathers in prison, refugees and asylum seekers; go to groups that support these client groups and talk with them about what they like about services and what they would like to see changed.

• Create bridging opportunities – ways to make the MSLC closer to pregnant women and families and the community closer to the MSLC.
  – Alternate meeting times and venues – to ensure good representation of users and health professionals. Ask parents as well as professionals what times and places are convenient and not possible for them.
  – Cover expenses – this may include childcare costs, travel and parking, or go out to groups that have a crèche facility to get more parents involved, and to ensure broader representation.
  – Hold a separate user group meeting in between MSLC meetings – user group meetings can be more informal, more welcoming and feel more relevant. Feed information, views and ideas back and forth between the mothers’ group and the MSLC, encouraging different people to attend and contribute.
  – Make parents and service users integral to the MSLC - Give service users an opportunity to add to the agenda and to present. Make it as easy and non-threatening as possible.
  – Review complaints to the Trust – Ask for reports on complaints to the service. Discuss what might be behind them and what kinds of institutional issues may need to be addressed.
  – Close the feedback loop - It is vital to tell people what happened as a result of the views expressed. This could take the form of ‘You said... We did...’ Use the Trust website and social media to establish an on-going dialogue, a sense of listening and being accountable.

We hope that these practical hints and tips will enable you to move things forward constructively, whether you are a parent leader, a midwife or obstetrician, a community member of the health and social care team, or a maternity services commissioner.
NCT champions the role of MSLCs as a key mechanism for supporting parent and community engagement in maternity services, as part of the NHS Five Year Forward View in England.

NCT is committed to supporting new parent reps on MSLCs, more experienced volunteers and paid MSLC workers. Our experience of working with MSLCs and parent representatives over many years and during the project has demonstrated how important it is for there to be opportunities for sharing and exchanging positive stories about achievements and good practice. Much has been achieved by having new parents and more experienced service user reps working with health professionals in a forum that meets regularly and where there is mutual respect. Where a clear vision and purpose is established by the group, and this is recognised and valued by commissioners, it is easier to budget, to prioritise and to achieve results.

During the project the NCT was able to re-energise its Yahoo group, ensuring that there were regular postings and responses to queries. Often answers and motivation come from MSLC volunteers in other areas, with the more experienced sharing their tips and documents with new MSLC volunteers. But often this needs to be facilitated as experienced workers are busy and may be less likely to participate, based on their own needs alone. However, the Yahoo group is a closed group and the software has limitations. The ‘MSLC leaders’ group on Facebook is easier to access, but also requires the commitment of motivated leaders to moderate, to admit eligible new members and respond to questions and appeals for help. Dedicated funding would make it possible to provide more support and signposting, as well as template guidance documents so that learning could be shared.

Some MSLCs and parent reps experience difficulties and frustrations. NCT VOICES workshops and training provide an opportunity to analyse the cause of the difficulties with an experienced trainer/facilitator, who is able to share a framework for finding local solutions. The NHS-England Support for MSLCs project provided two VOICES training and networking sessions for user reps, free of charge. This was appreciated by those who attended and have led to this document.

Some experienced service user reps bring years of knowledge about maternity service policies, local maternity service practices and their local communities. For example, NCT practitioners have usually used NCT services as a parent when their own children were babies, have been educated by NCT in a parent-centred and evidence-based approach to working, and the importance of recognising and supporting diversity. Their aim is to connect with a wide range of local parents to enable their voices to be heard. This project has enabled NCT to begin to identify and show case on its website some good practice, from ‘quick wins’ that don’t take a lot of time or effort, to initiatives that require a dedicated budget and considerable commitment.

We found that MSLC development projects and public involvement initiatives may rely heavily on MSLC volunteers, though alternatively they can be carried out by NHS trust staff, Healthwatch or independent researchers, with service user input to planning. With some notable exceptions, involvement and engagement of diverse groups of families requires dedicated time, expertise and other resources to achieve results. The Health and Social Care Act (2012) is explicit that patient and public involvement is everybody’s business:

‘It is important to provide a strong forum where the views and experiences of patients, carers and the public can influence the commissioning process and improve the quality of health and social care services.’

At the end of the Support for MLCs project, a report with recommendations was submitted to NHS England. The recommendations addressed:

- the need for an up to date national MSLC website for England
- the need for guidance to CCGs on the role and value of MSLCs
- the need for collaboration between Healthwatch and MSLCs locally
- a national reference group and co-ordinator for MSLCs, to provide leadership and networking support
- further mapping of MSLCs and research on engagement and involvement of maternity service users, particularly seldom heard groups.
MSLC website

NHS England responded positively to the recommendations. NCT is working with NHS England and Healthwatch to ensure that the national website for MSLCs is up-dated.

The national website provides a resource for established and new MSLCs all over the country. As well as practical guidance on running an MSLC, it can provide useful links on NHS updates, research news and practice development initiatives, such as NICE guidance, RCM Better Births initiative, RCOG ‘green top’ guidance and information for women, the Birthplace in England study findings including how the organisation of maternity care systems may affect the range of birth place choices made available to women, and the Midwifery Unit Network, which offers guidance on running midwifery-led birth centres.

At the time of publication, support for MSLCs and NCT liaison with NHS England and Healthwatch about the national website was being taken forward by NCT staff: Sarah McMullen, Head of Research and Gillian Fletcher, VOICES trainer, Rachel Plachcinski, Research Engagement Officer, and Elizabeth Duff, senior policy advisor, and member of the National Maternity Review team. NCT is working with NHS England, Public Health England/Chi Mat and Healthwatch England to develop resources and policy guidance.

Collaboration between Healthwatch and MSLCs

Healthwatch champions principles that health service users should be able to expect, such as access to quality services, being listened to and treated with respect. As the government-funded service user champion in the NHS, Healthwatch should facilitate engagement and involvement of maternity services users, particularly those whose voices are seldom heard. It is important that developments around multi-disciplinary working in maternity, and clarification on the role and value of MSLCs, involves close collaboration with Healthwatch. Representatives of NHS England and NCT have met with Healthwatch England to take this forward.

The MSLC mapping survey NCT have carried out and networking activities have revealed positive examples of Healthwatch and MSLCs working together. Healthwatch Cambridge made a number of progressive recommendations which NCT supports, including a commitment that:

‘The CCG, Providers, and Healthwatch will work together to: a) Build membership in line with good practice, ensuring that the MSLCs are inclusive and open to all; b) Review terms of reference and reporting structures; c) Embed engagement in the provision of services; for example, bringing patient stories to Board meetings.’

Future work

NCT and the authors of this practical guide will continue to work on raising the profile of MSLCs and the importance of service user involvement in maternity services. We would like there to be a national reference group and co-ordinator for MSLCs, to provide leadership and networking support.

In order to know where MSLCs are being supported and how well they are working, further mapping will be needed in the future. Research is also needed on engagement and involvement of maternity service users, particularly on methods that have been successful in engaging women whose experiences and needs are less likely to be heard, such as young women, those on lowest incomes, disabled women, bereaved families, those who do not have English as a first language and others with particular social or clinical needs. Critical analysis is needed on which processes work well in developing a co-production...
approach or other kinds of team working, and on the impact of the MSLC as a multi-disciplinary advisory group to the commissioners, with service user experiences and needs at its centre.

The MSLC national guidelines recommend that MSLCs are chaired by a service user. Service users who take on this important role, and those who consider doing so, should have ready access to NHS-funded training and support for the role. This is a patient leadership activity and needs to be connected with other related initiatives, networking and training opportunities.

Finally, we urge you, our reader - whether a parent leader, a midwife, a Healthwatch staff member or a commissioner: do not wait for others to give you permission. Those who achieve change, do so by modelling change. Today, with online information and social media, it has never been easier to find out what you want to know, to contact people you want to reach, to influence, to have a voice and enable those who are less confident or well-connected to express themselves and be heard.

Each person can pass on information they have found useful, by using social media (Facebook and Twitter seem most active), dedicated websites, a blog, or an online survey. Every week – or even every day – we can each be an innovator by affirming others’ efforts, sharing quality information and connecting up people we know. We can offer to mentor someone less experienced and confident. We can make care more sensitive to individual needs and services more responsive, so that safety is high, women feel empowered, and mothers and babies have their health and wellbeing protected and promoted.
5 Recommendations

Based on our experience and data collected during the project, we make the following recommendations to CCGs and NHS trusts about running MSLCs:

1. Each maternity unit, and every maternity service, should have an MSLC which contributes to how that service is monitored and developed. MSLCs may be local, addressing one service or unit only, or may cover a larger area and several services. As with many aspects of operational working, decisions on configuration can be made locally, according to geography, parents’ views, and service needs and priorities.

2. All CCGs commissioning maternity services should actively support the MSLC(s) in their area, by agreeing and signing off their terms of reference and by providing reasonable financial support. Terms of reference should clearly state the remit of an MSLC as an advisory forum to commissioners with maternity service user representatives, service providers and commissioners working together to contribute to the development of local maternity services.

3. Healthwatch should work with MSLCs locally to agree priorities and joint initiatives, to ensure that maternity services are responsive to local needs. By supporting and working with their local MSLC, Healthwatch may be able to add value to initiatives, or feel confident that the MSLC will advise them when there are issues needing joint action.

4. MSLCs should consider the Morecambe Bay Investigation recommendation that ‘Trust(s) should increase public and patient involvement in resolving complaints, in the case of maternity services through the Maternity Services Liaison Committee’. As MSLCs provide a forum for commissioners and senior clinicians of all relevant disciplines to discuss with service user representatives the strengths and weaknesses of the service, any areas for investigation and priorities for improvement, they should be able to alert commissioners when parents have serious concerns.
About the authors

Mary Newburn initiated the Support for MSLCs project, while in the role of NCT Strategic Ambassador, securing funding from NHS England, with support from the NCT’s Interim Chief Executive, the late Susie Parsons. Mary worked for NCT for 26 years before leaving to work as a consultant in health research and public and parent involvement in health services. She is a long-standing advocate of service user involvement in maternity services, in policy-making and research. Mary designed the project to engage with parent representatives working and volunteering on MSLCs, to find out from them and from midwifery managers about what was happening on the ground, particularly about relationships with clinical commissioning groups (CCGs), health professionals and Healthwatch. She served on the Department of Health working group for the National Service framework for Children, Young People and Maternity Services, Standard 11 Maternity Services. She established the multi-disciplinary Maternity Care Working Party and which produced a consensus statement on normal labour and birth, and was a co-investigator on the National Sentinel Caesarean Section Audit and the Birthplace in England research programme.

As Head of NCT’s Research and Information Team and Editor in Chief of its CPD journal, Perspective, Mary led research on parents’ experiences and needs, she championed knowledge transfer in NCT and supported implementation of change in the NHS, including uptake of the NICE Intrapartum care recommendations. She is a founder member of the Midwifery Unit Network, a Board member of South West London Strategic Clinical Network and provides leadership on public and patient involvement in maternity services, working with Kings College London, City University, Birmingham University, and West London University who made her an honorary professor in 2004 for services to midwifery and women’s health.

Gillian Fletcher MBE worked with Mary, with Elizabeth Buggins and the University of Hull to establish NCT’s VOICES training programmes in the late 1990s, funded by the Department of Health. The initial programme was developed following feedback from 181 of 379 women identified as user-representatives from organisations including BLISS, SANDS, The Miscarriage Association, AIMS, Maternity Alliance and NCT. A substantial 83% of respondent said they would find training in their role useful, particularly for developing their skills and confidence. Follow-on funding enabled NCT to provide training specifically for MSLC lay Chairs and Vice Chairs, and VOICES workshops can also be commissioned for whole MSLCs to promote effective team working. She is a passionate advocate of user involvement and in her role as VOICES trainer and facilitator, draws on her own personal experiences of working in partnership with health professionals while serving as a lay member on numerous national health committees.

Gillian has facilitated NCT VOICES workshops since 1997, working with parent reps on health bodies, and with whole multi-disciplinary MSLC teams. She has a time-limited staff role at NCT (three days per month) as VOICES Co-ordinator supporting parent reps on MSLCs.

Gillian worked with the Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG) to publish a consensus statement on the value of MSLCs in 2013, after The Health and Social Care Act introduced changes to NHS structures. She has rolled-out the approach to other areas of health, working with Macmillan Cancer Support, the British Heart Foundation, Carers UK to adapt the model to become Cancer VOICES, Hearty VOICES and Equal Partners, with NCT’s permission.