

HERTFORDSHIRE PRIMARY CARE TRUSTS

Service Quality Specification: Maternity Services

Taken to PEC a couple of months ago

CP Me and my team

Wok \bar{c} provider services & children schools & families

Defining to providers what we want

Moving from just births \rightarrow quality services

CP + lot of input into what access county and also locally How can we work with us

Has statutory duties which PSC doesn't have

look after \forall dependent children - continuing care budget
- lot more children will be eligible

ME - discussed @ PEC - well presented - robust
country-wide - want PSC gps to comment locally

\rightarrow anything missed out or clearly felt shouldn't be there

CP - did not talk about HV services

end of 2009 going to be performance
managed or how often choice

impact of baby's life changes
depend on whether living in poverty
support network etc

→ job of children's services

Midwives L&D case load 180 women

W&H case load 300

B Unit to deliver ~500

Edgware birthing centre going to
~~lose~~ losing money hand over fist

CP wants to find a way through
the groups - she needs our
views

Wants new form GPs

Inviting GPs to event in Dec

11
Discuss and
come back to

CP ~~is~~ - email
to us

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have written spec 1 but need document appeared yesterday from Dept

CP will email it
"Facing the future"

whether targeted or generic

Kirsten Lamb & Virtual Tutoring

Go leads group

Dereeny Cox

what children need out of UCC
~~the~~ will be diff to what adults need

2nd draft - will build into UCC

steering group - to go to MHCF's NP

Staff looking @ Pediatrics - Acute Paeds - what children s/b getting

Birthing Centre

out to consultation similar to ASR

closed : staffing issue

dismiss

(1) do nothing - formal consultation to close

(2) reopen for birthing service/midw centre
spoke for hub

and trying to increase home births

(3) no deliveries @ Hemel but every trip
else - ↑ capacity in Alexandria

from 1,100 → 2000 out of ~5000

30% CS - national average 23%
W Herts

How to engage GP community

AN work in GP surgeries will change
may not be in surgery

⇒ Midwives backup @ 8/52

What GPs will & won't provide some want to
do more / some now

work be done @ hub, spoke, home, even
workplace instead of surgery

Discussion phase → scrutiny → formal consultation