

Continuity of Care Experience Report

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Date:	31/10/2023
Purpose of Paper:	To inform strategy and service development

Purpose of Report

This report provides insight into the experiences of Continuity of Care in NHSGGC Maternity services shared by women via digital survey. Surveys were shared with people through text message, with all women who had accessed the BadgerNet app over a 12-month period receiving a text. Alongside presenting findings this report highlights emerging themes for further consideration by NHSGGC.

Background

The survey was developed by NHSGGC's Patient Experience Public Involvement (PEPI) team in partnership with the Continuity of Carer Project Midwife. Its purpose was to gain a deeper understanding of Continuity of Carer experiences from women who had given birth between January 2022 and March 2023. This work will be used to drive improvements around Continuity of Carer and influence the development of NHSGGC Maternity and Neonatal Strategy.

A mixture of closed and open questions were used and the survey was translated into the four most commonly used languages by BadgerNet users in NHSGGC. These languages were Arabic, Polish, Romanian and Urdu. The survey was sent to over **13,000** women, in June 2023 with NHSGGC receiving **2,889** responses.

This was a response rate of **21%** with the survey reaching a wide range of communities across NHSGGC, with responses collated and analysed by the PEPI team.

At a Glance



Summary of Responses by Question

The following section provides insight into the responses received by all women completing the continuity of care survey, where appropriate further analysis is provided to



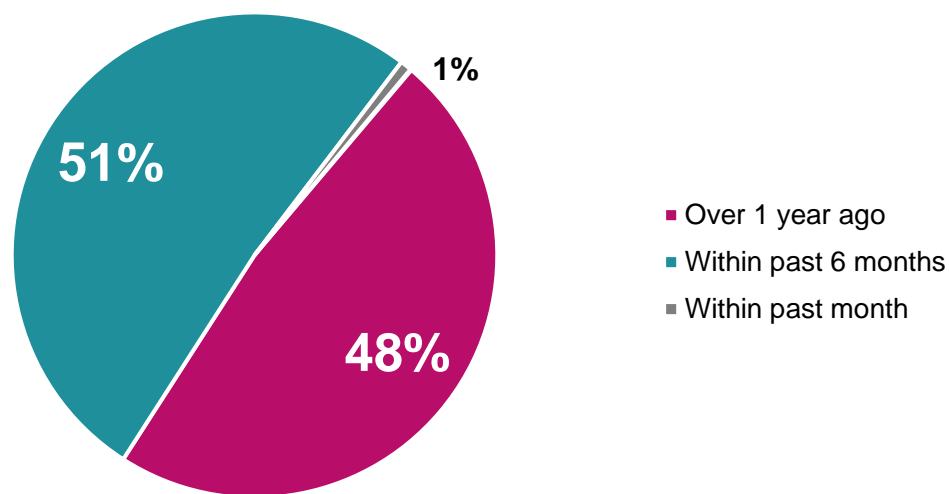
highlight notable data points. Following this section will be a thematic analysis of improvement themes as identified by the PEPI team from free text comments.

What stage of your pregnancy were responders at?

The majority of those completing this survey had given birth (**97%**) with the remaining responders at a range of stages of pregnancy. This is to be expected with the data being from 2022 and early 2023. It is anticipated that future work will explore how to more effectively capture the views of women during pregnancy, building on the work carried out as part of the [NHSGGC Understanding Maternity Experiences Survey Report](#).

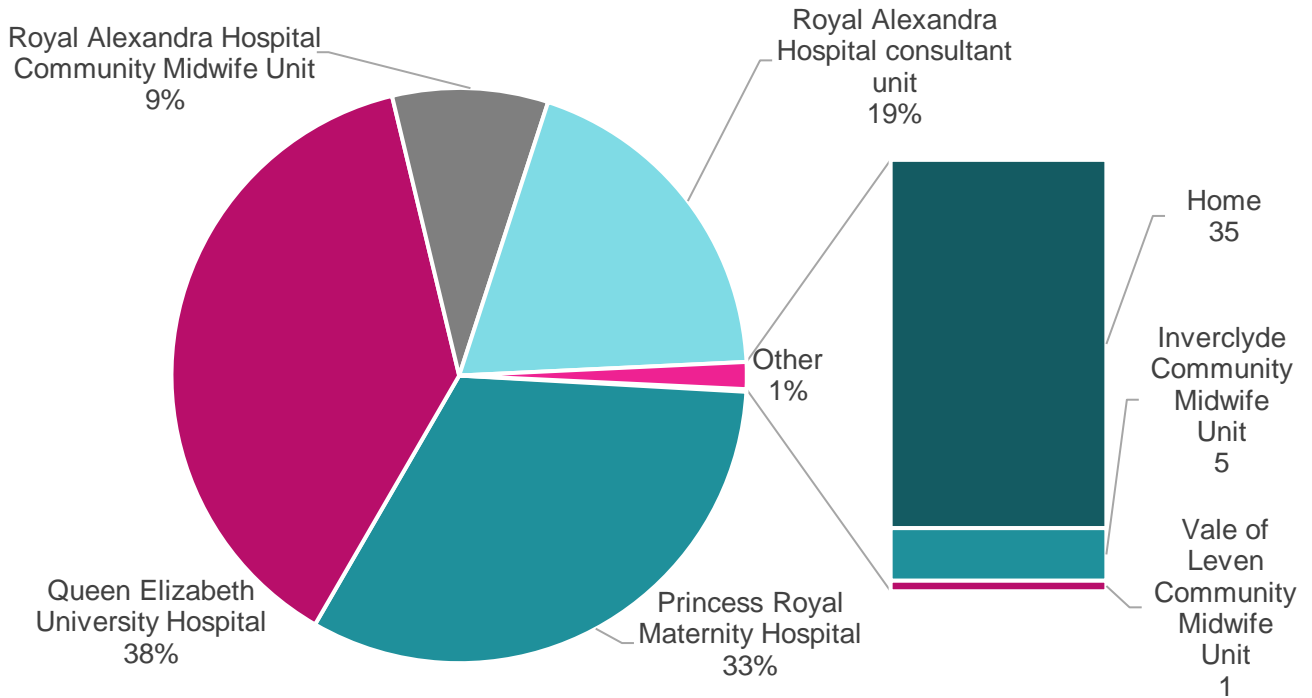
Section 1: Giving Birth and Midwife contact.

When did women give birth



The majority of women sharing their experiences had given birth in the last 6 months (**51%**) with **48%** giving birth over a year ago and only **1%** having given birth within the last 6 months.

Where did women give birth?

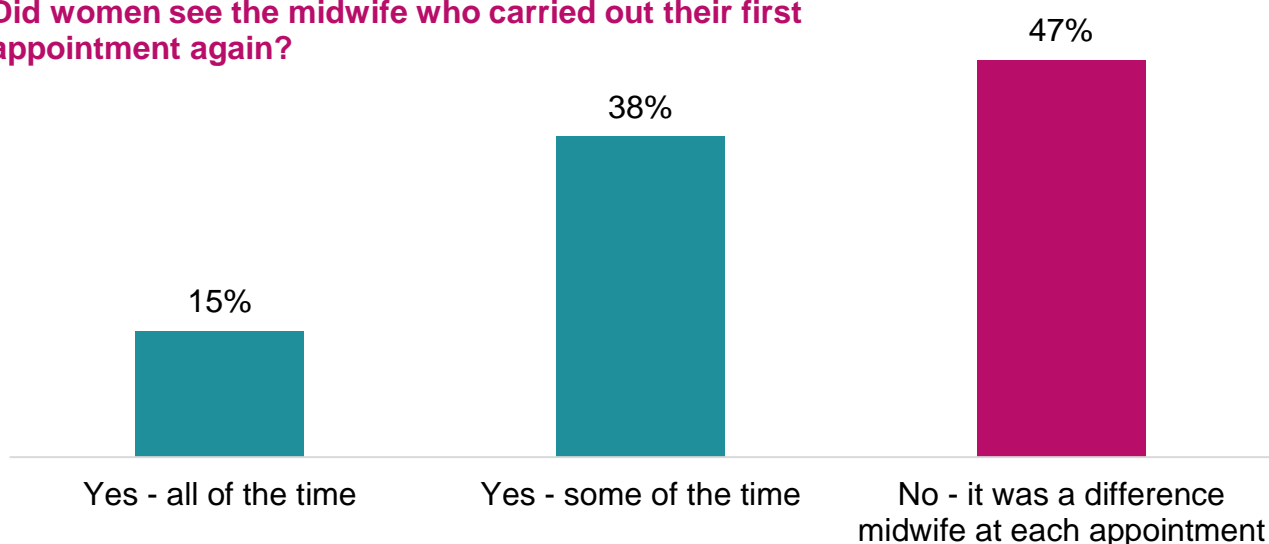


We saw the majority of women that had given birth did so at the Queen Elizabeth University Hospital (**38%**), followed by the Princes Royal Maternity Hospital (**33%**). We saw fewer responses from the stand alone Community Midwife Units, with the Vale of Leven, and Inverclyde Community Midwife units making up less that **1%** of responders.

The above figures are broadly in line with the birth location data of the women offered the opportunity to share feedback as can be seen in the below table.

Birth Site used by those text a survey	Percentage of Total
Glasgow Princess Royal Maternity	34.45%
Inverclyde Royal Hospital Maternity	0.32%
Queen Elizabeth University Hospital	39.08%
Royal Alexandra Maternity Hospital	25.89%
Vale of Leven Maternity	0.26%

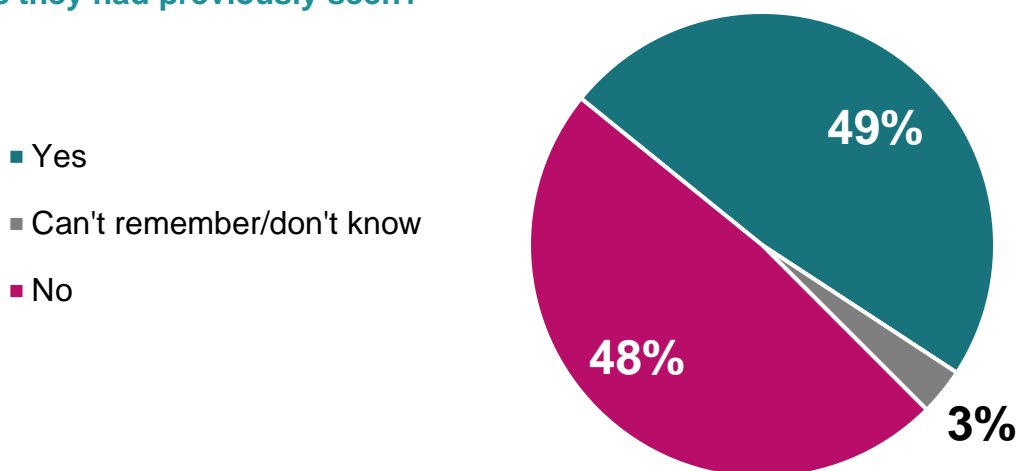
Did women see the midwife who carried out their first appointment again?



When looking at the data we saw 53% of women saw the same midwife again following their first appointment at least some of the time, though only 15% reported consistent meetings with the same midwife.

When looking at this question through the lenses of ethnicity other than white we see 15% of women receive continuity of carer all the time. We do see a change of +4% in women seeing a different midwife at each appointment, 51% rather than 47% for the full responder group.

After they had their baby, did women receive a home visit from a midwife they had previously seen?

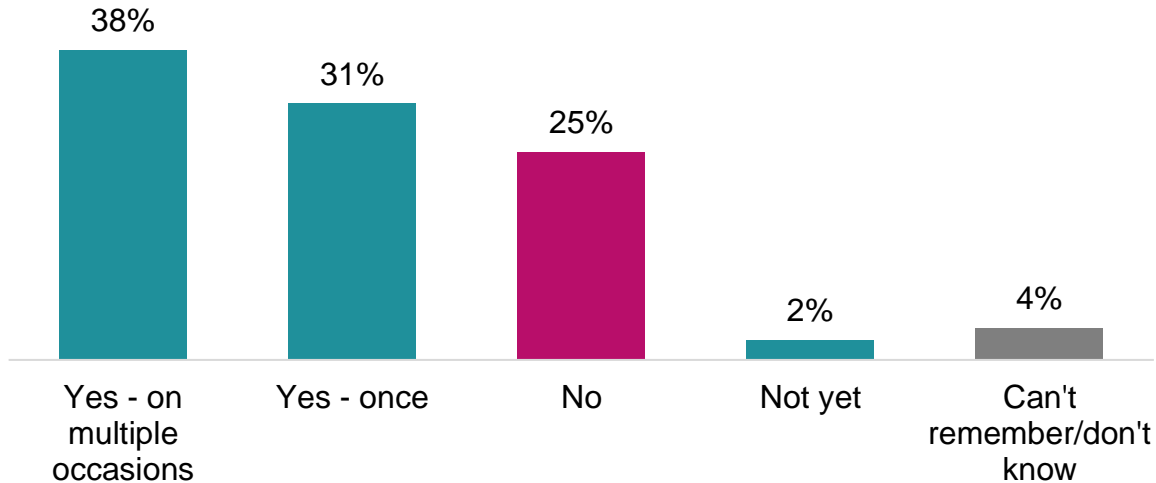


We saw 49% of women share that they had received a home visit following birth from a midwife they had previously met with at an appointment, with 48% stating they had not and 3% being unable to remember. This reinforces the direction of improvement identified from earlier engagement that improvements to continuity of carer is key to improving maternity experiences for women across NHSGGC.

Section 2: Birth Planning

We asked women to tell us about their experience of birth planning, specifically if they had the chance to discuss their plan during pregnancy, if their birth plan was made and if it was met.

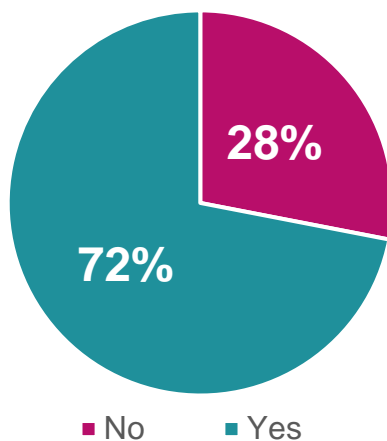
Did women have the opportunity to discuss their birth plan during pregnancy?



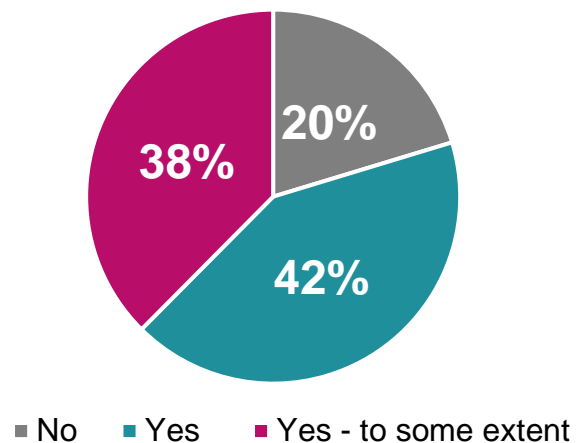
The majority (70%) of women sharing feedback stated they had conversations with NHSGGC staff about their birth plan. We saw 39% of respondents share that they had multiple conversations, with 31% having at least one. We did see 26% state no such discussion took place, pointing to opportunity to learn and improve how NHSGGC ensures birth plan conversations are undertaken.

Analysis of ethnicity data in relation to birth planning amongst ethnicities other than white show similar results to the full responder group, with 69% having conversations about birth planning with NHSGGC.

Was a Birth plan Made?



Was your birth plan met

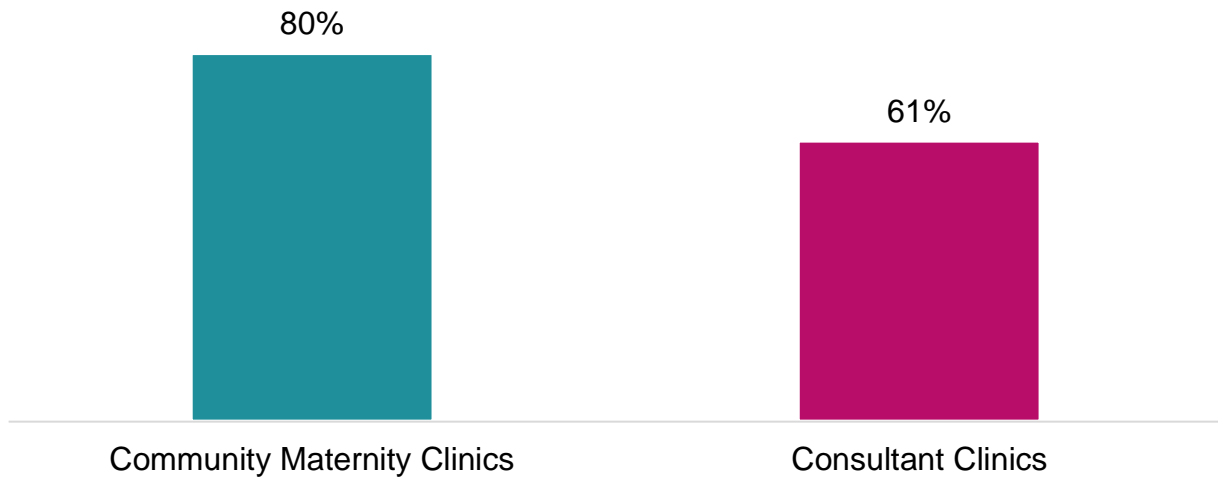


Seventy two percent of respondents shared that they had a birth plan made, with 80% of these responders sharing it was met to at least some extent.

Section 3: Clinics Visited

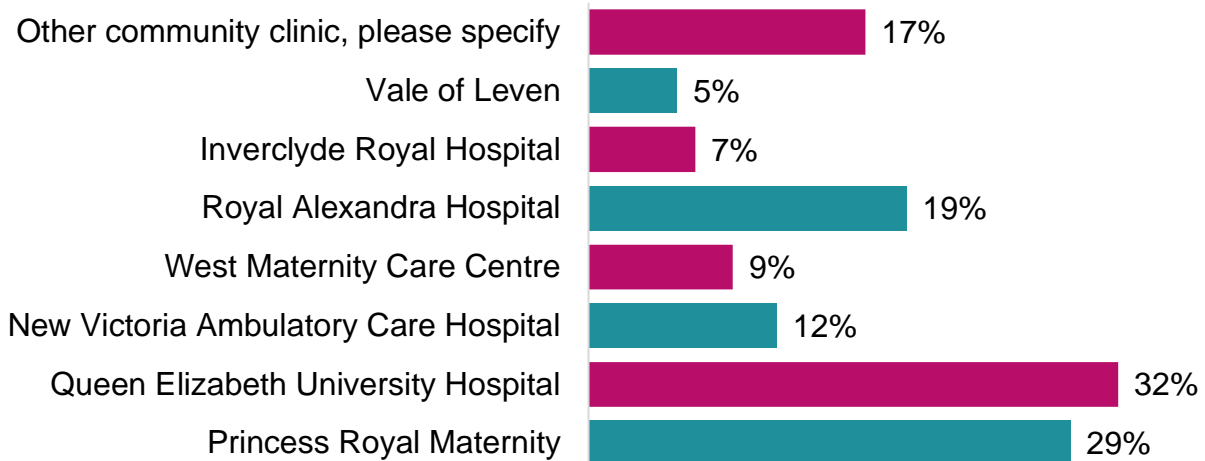
Women shared their experiences of attending clinics during their pregnancy, with a focus on understanding the types of clinics attended, the location of said clinics and the staff they interacted with. This final area of questioning aimed to help us better understand Continuity of Carer interactions across clinics and locations.

What clinics did women attend?



Women were invited to tell us about the clinics they visited, with them able to select multiple answers. We saw a greater number of Community Maternity Clinic appointments selected. All appointments took place at a range of sites across NHSGGC as detailed below.

Where did women visit for their clinic appointments?



When looking at the above graph we see 17% of the results flagged as “other”, when digging deeper into the additional information provided by women we saw a range of locations visited. The majority of these locations were Health and Social Care facilities, with a smaller number of sites referenced from other health boards, such as Lanarkshire and the Western Isles.

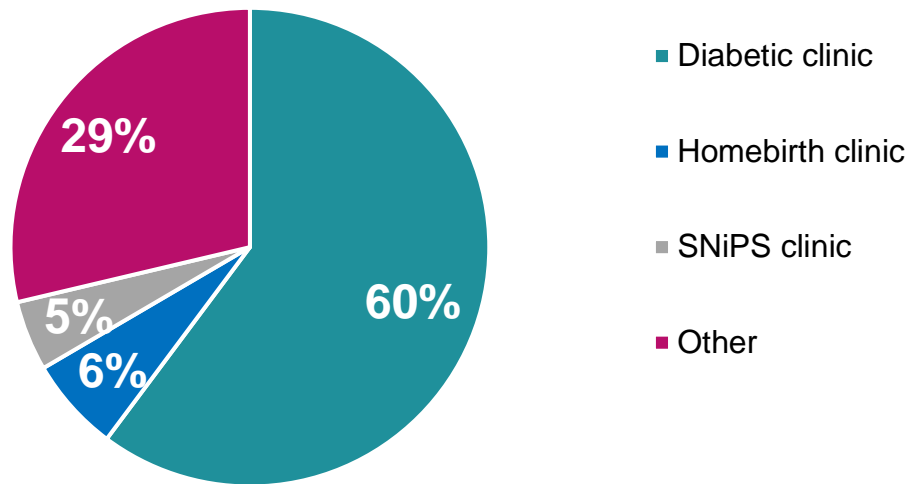
Did women see the same staff at their appointments?

This question saw an unusually low response in comparison to other questions, with only 505 women sharing their response about midwife continuity and 1518 sharing their experience of consultant continuity. Of those who did respond **64%** stated they did not see the same midwife across appointments, with **61%** stating the same in relation to consultants.

The PEPI team have looked into this anomaly and can not find a functional reason in the survey for the lower response rate, but will be carefully monitoring this question type if included in future surveys.

Women did go onto share free text comments in much larger numbers which provided valuable insight into continuity, and their views on improving antenatal appointments. These are detailed further into the report.

Had women attended any other clinics?



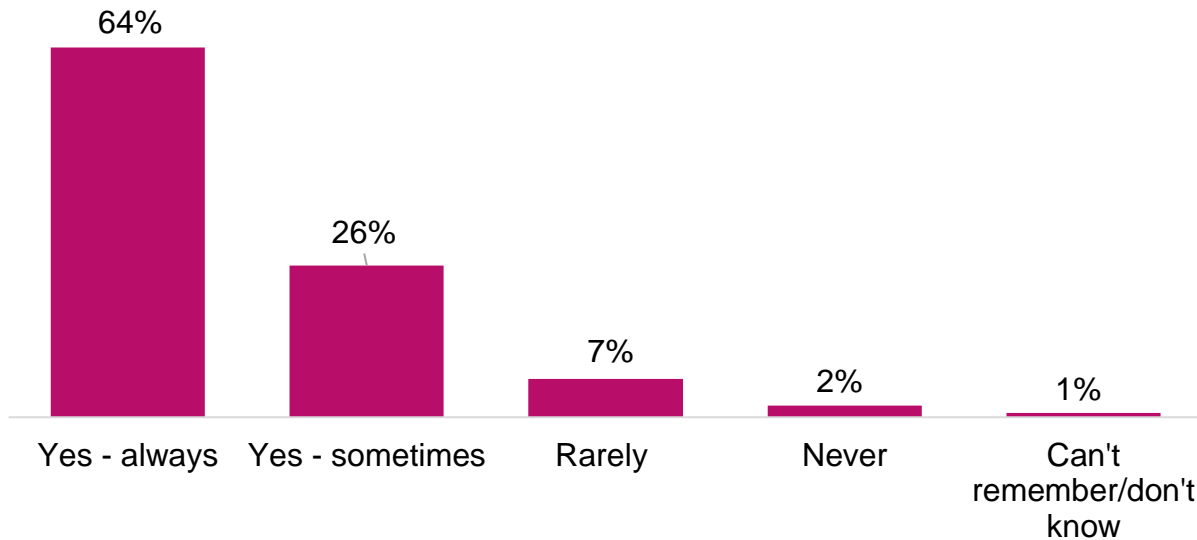
When looking at other clinics attended women shared information on a variety of spaces where they had received care. The most commonly shared were local General Medical Practices and Health Centres, such as those in Bridgeton, Barrhead and the Gorbals. They also shared information about ambulatory care hospital support they received from Stobhill, the Victoria and West Glasgow Ambulatory Care Hospitals.

We also saw a number of women share they had attended Cardiac clinics, Physiotherapy Support and Pregnancy Assessment Centres as well as Mental Health Support clinics.

Section 4: Antenatal Appointments

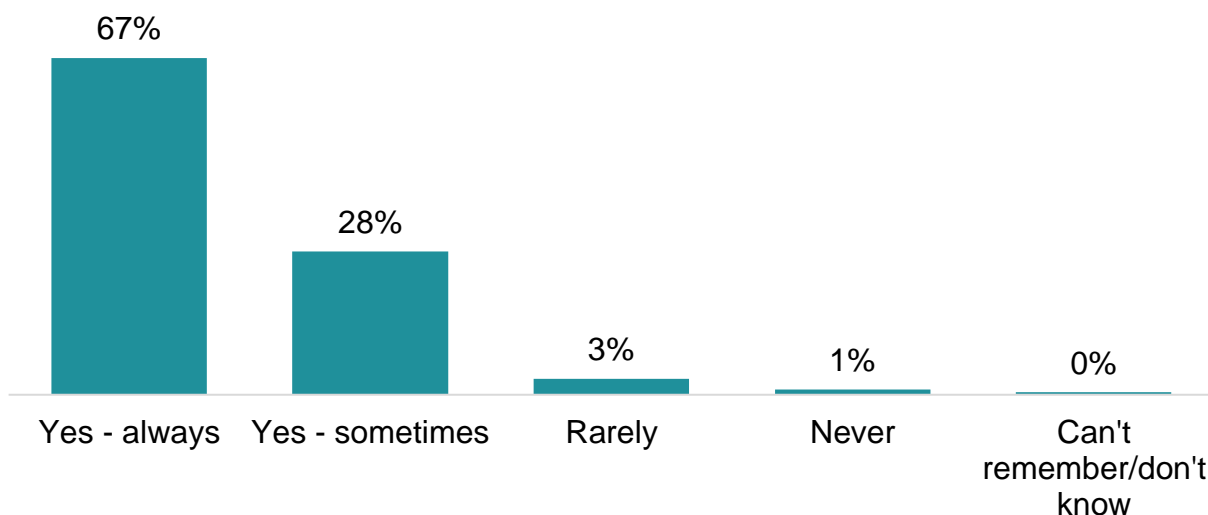
The survey provided the opportunity for women to share their insights into antenatal appointments. The questions focused on understanding peoples thoughts on the time provided for antenatal appointments, the information provided and where they felt improvements could be made.

Did women feel they were given enough time to ask questions or discuss their pregnancy with a midwife?



The majority of women (64%) shared that they felt the time given at appointments for questions and discussions on pregnancy was always enough, with 26% of women sharing it was sometimes enough. Seven percent shared they rarely felt there was enough time and 2% never had enough time.

Did women feel the information they were given during antenatal appointments was easy to understand?

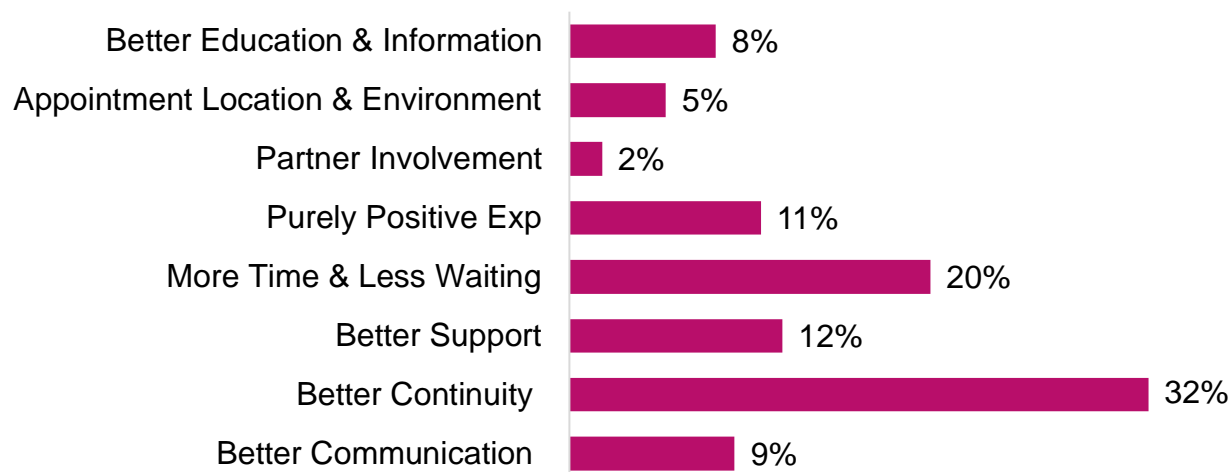


Sixty seven percent of women answering this question shared the felt the information provided at appointments was always easy to understand. We saw 28% stating it was sometimes easy to understand, with 3% sharing it rarely was. This points to opportunity to review and better understand how to increase information quality.

Themes identified from free text comments.

We asked women to provide insights into where they felt we could improve antenatal appointments, with 1098 women providing additional comments around possible improvements. These comments were analysed by the PEPI team and Project Midwife to identify common themes and areas for improvement. These are outlined in the chart below, with “Better Continuity” being the most commonly identified theme followed by “More Time & Less Waiting” when attending our sites.

How did women feel we could improve antenatal appointments?



In-depth view of themes

The following section will focus on each theme and provide additional insight into the comments shared by women. All comments will influence the work of maternity services in NHSGGC and reflect the most commonly held positions and views shared by women completing the survey.

Better Continuity

We saw a number of comments shared about continuity of carer, with the majority of comments referencing this as important. Comments ranged from specific calls for greater continuity to comments highlighting the value women placed on being able to build a more in-depth relationship with their midwife.

Key benefits cited by women were around the better management of health conditions that could be exacerbated by pregnancy. They also felt it would help them feel more comfortable in asking questions and addressing any emerging complications or risks as the pregnancy progressed while importantly avoiding repetition and wasting appointment time bringing staff up to speed on their care needs.

Comments

Continuity of midwife staff throughout pregnancy.

Allow patients with low risk conditions to be managed by community midwife team and re referred to consultant management if change/deterioration.

More consistency with midwives, more time to discuss options, more time and care given when making birth plan, more care over/less dismissive of possible complications that could be helped by other departments i.e physio

seeing the same midwife and/or consultant would really help build a relationship and make it easier to discuss difficult topics

Because I had some challenges with my mental health I have been lucky to have an assigned midwife at some point during my pregnancy. It was a very difficult time and she was absolutely MARVELLOUS. I can't thank her enough. Having a "dedicated" midwife

makes all the difference. Because sometimes you see the same staff but they don't remember you while MY midwife she knew me and my surroundings. She was just perfect and it alleviated a lot of the stress/ and anxiety.

I would like to see Dr during the pregnancy more often and the same midwife not all the time different one. Every appointment I had to repeat the same information (due to new person) instead of focusing on current pregnancy

More Time and Less Waiting

When identifying themes around time we saw women predominantly share the desire to see more time be available to discuss their care, their care plan and questions about their pregnancy. Women also shared that they would like to see appointments run closer to the advertised time, with appointment delay being a major cause of stress and frustration when visiting one of our sites.

It was felt that addressing these aspects of care would lead to more meaningful conversations with staff, and clearer outcomes for women when attending clinics.

Comments

My first midwife appointment was phone consultant then each appointment was with someone else. I felt rushed a lot and sometimes was given different information. So would be good if appointments would be made with this same midwife and mum's could txt or call her with concerns as hospitals are very busy. I felt like I had no support and no-one to discuss my fear and concerns.

Time keeping was really bad. Would often be waiting for an hour and often longer. One day I waited for close to two hours. I asked at the desk but they always said they were running late.

More intentional time to speak about birth / birth plan.

More time to ask questions, it was so fast I often thought of them after the appointment. Discuss the leaflets together rather than give them to me to read at home, so I can ask questions on the spot and avoid worrying later

I know the NHS is understaffed but I waited over an hour for some appointments, the waiting room was very warm and sitting for long periods uncomfortable, maybe have birthing balls available?

Better Education & Information

Women shared a range of suggestions for information improvement, these suggestions were often linked to the development of more robust patient education systems alongside staff development and empowerment. Closely linked to better information were

suggestions to ensure all staff took a person-centred approach to birth, working with parents to clearly explain health risks of various choices in a way that didn't come across as scare mongering.

Comments

Really clear information provided on things that mum may not know about. Eg. additional growth scans. I left my appointment worried about my baby's growth as I was told I was measuring small but wasn't given any other information.

I understand that no one wants to scare first-time mums but I think there's not enough focus on what can go wrong during labour.

So when I was told I would have to have an emergency section I felt really shocked and unprepared.

Giving information on attachment and development of your baby especially the brain development. All mums should learn about their baby connections with them not just the physical development but emotional and neurological attachment.

When seeing the dr through the consultant clinic information was used to encourage/scaremonger into induction at 39 weeks. The dr told me my risk of still birth was double after age of 40 and increasing each week after 37 weeks but the real risk was still very small. The dr didn't know the real risk per 1000 births but used information to coerce.

Appointment Location & Environment

When providing feedback about antenatal appointments, we saw a number of suggestions relating to the environment our appointments take place in alongside comments on location of appointments, with a desire to see more community appointments offered. We also saw women share a desire to see better temperature control where possible, particularly in summer months as waiting any sort of time for appointments could be very uncomfortable.

Comments

I had bloods taken to rule out Obstetric Cholestasis and was informed I would be contacted directly by a midwife if there were any concerns. After no contact from 2 weeks, a chance telephone appointment with my own GP, I was informed my bloods were very abnormal and that I had to attend the hospital that day as a matter of urgency. Communication of bloods results is very important.

I will say you should try to give those in their last trimester, close appointment with their ultrasound appointment because it was difficult for me during my last trimester going for two different appointments in a week at the hospital.

Have air-con as the department is very hot during the hotter months, which is uncomfortable when pregnant

Appointment to discuss a birth plan. I was fobbed off every time I mentioned it

Provide antenatal classes again. I was seen in community in Lanarkshire but hospital was Glasgow. I had to pay for private antenatal classes, which were previously provided on the NHS for free before COVID.

Partner Involvement

While continuity and general support were the primary comments shared by women, we did see a number of references to better support for partners to get involved in pregnancy. Women wanted to see their partners encouraged to attend, and for consistent messaging on when others could come to appointments with them. It should be noted that feedback relating to partner restrictions related to COVID restrictions which have been lifted. These comments still provide valuable insight into how valuable women find the inclusion of their partners and the importance of ensuring partners are aware they can attend.

Comments

Take more time with the mothers and allow partners into appointments!!! So stressful that my husband was not allowed into the appointments with me

Be more inclusive, at antenatal classes. I opted out of these classes as they were geared towards pregnant women only and did not include the father. Father's need to be more included in this aspect to help prepare them for birth and post birth.

Partners being allowed to each midwife visit if we needed although I appreciate appointments may have changed since COVID times.

I was told a lot of important information about having a larger baby however I was on my own and was very upset about the things I was told, I think partners should be allowed to every appointment as letters would state to come on your own.

Purely Positive Experiences

Alongside improvement focused responses we heard from a number of women who shared purely positive experiences and interactions with our Maternity services and staff. These comments primarily focused on the professionalism of our staff, and how supportive they were to women during their pregnancy. These comments will be shared with service leads at relevant sites. Some comments highlight patient perceptions of how busy our staff are, praising the care they delivered while expressing a desire to see staff support increased where possible.

Comments

The departments were clearly busy, and I suspect understaffed. But I can honestly say I was treated with respect, kindness and professionalism throughout. I felt the midwives and doctors were a team working on my behalf.

They are all amazing midwives and doctors at the Princess Royal maternity hospital and continue being your fantastic selves you are all doing an excellent job

I think they were all fabulous, I only seen several midwives due to being diabetic. I was up weekly towards the end and there was only 1 not so pleasant experience but she could have been having a bad day!

I felt I was personally well cared for, and the midwives and doctors all very professional. However, it was obvious that there is additional strain/pressure on the midwives in-particular as they often seemed stressed and pushed for time.

I couldn't fault any part of the pregnancy journey. Every midwife/consultant always put my baby and my feeling first. I had a great experience given I had a lot of anxiety throughout and they always put my mind at ease

Better Support

When sharing feedback on how we could improve antenatal classes women provided valuable insight into how we could improve overall support to them. Much of this feedback focused on greater clarity of communications and improvements to active listening. Women would also like to see more regular contact with staff, and the option to talk through concerns to ensure they had shared understanding with the staff supporting them. This theme was heavily linked to continuity and the desire to see the same midwife team over time, providing further context for how women would like to be supported.

Comments

I felt that they just wanted you in and out and was given more anxiety at each appointment. I had told them on numerous occasions that I had anxiety and was really worried and nobody had put it into my notes until I had broke down crying. The midwife spoke me into getting tests for edwards syndrome yet when I had my scans I told them I wanted the test they didn't do it then told me it was too late after I had waited for 5 weeks on the results. I really feel for girls who are on their first pregnancy. I have had 2 older kids and sailed through it. This time has made me never want to do it again.

Some midwives dismissed my anxieties. One was very abrupt on my first ever appointment setting a bad tone but thankfully follow up ones and Kered was amazing at west care hospital in west end. She was so understanding and gave me lots of time to chat through my questions.

Midwife's are great dr me Murphy was great but one consultant didn't listen be was over talking me and didn't listen

Midwives could have been more understanding and support relevant to the choices I was making. I have support after my baby was born, but heavily dismissed when pregnant.

As a first time mum, I felt that there was minimal contact in my first trimester. Given that this is the period where most of the worry begins and most of the questions would start, it would have been good to have had some more appointments there. I also felt the length of time between midwife appointments (once they started) seemed long during second trimester.

Better Communication

Across multiple themes we saw communication stand out as an area where women would like to see improvement, this ranged from written to spoken communication and generally focused on how we could ensure mothers were better informed about how the service worked.

Comments

I think a bit more explanation on things would be good. My personal example is Gtt testing I've not had this in 3 different pregnancies and not once been told what my limits for fasting and 2 hourly bloods should be for the test. Which had caused confusion as I have been given inaccurate information this time around.

Inform us better on the letter for appointment of what we are attending for. So we dont need to guess by department we have to attend. I didnt know what to expect from any appointment except the ultrasound scans.

I would have liked to choose the RAH from the start. I had my first midwife appointment at the QEUH, where they weren't sure if I could transfer - which turned out not to be an issue.

Make it a little bit more simple. It was in begining confusing to go first to Vale of Lavern, then local appointment in helensbrugh, then 2h by train during my labour to get to paisley - Royal alexandria hospital. Then postnatal visits - regularly different midwife.

I still believe that all midwives were amazing! Felt supported, just in the last weeks of my pregnancy there was a lot of travelling an stress.

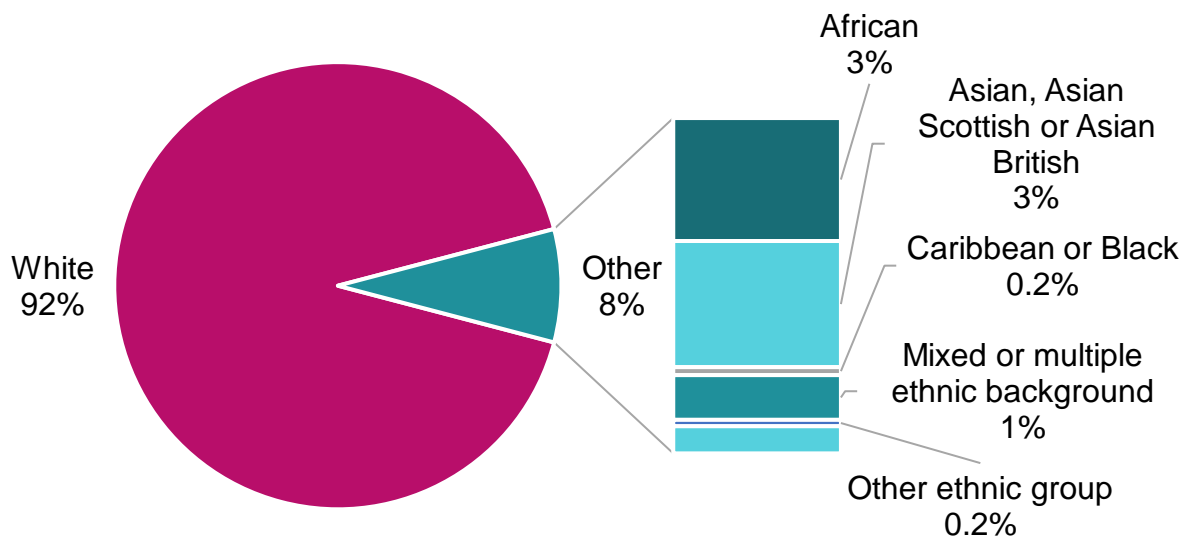
The diabetes was never really explained until hospital appointments. Having a point of contact would have put my mind at rest for a lot of things, once I got told I had diabetes my local midwife called to say she would see me after the baby arrived. I did feel a bit lost with no one to contact and never did hear from that midwife again.

Section 5: Accessibility and Equalities Information

Alongside questions aimed at developing greater understanding of womens experience of care we also captured equalities monitoring information. This allowed us to better understand the demographic make up of those responding to our survey.

What is your ethnicity?

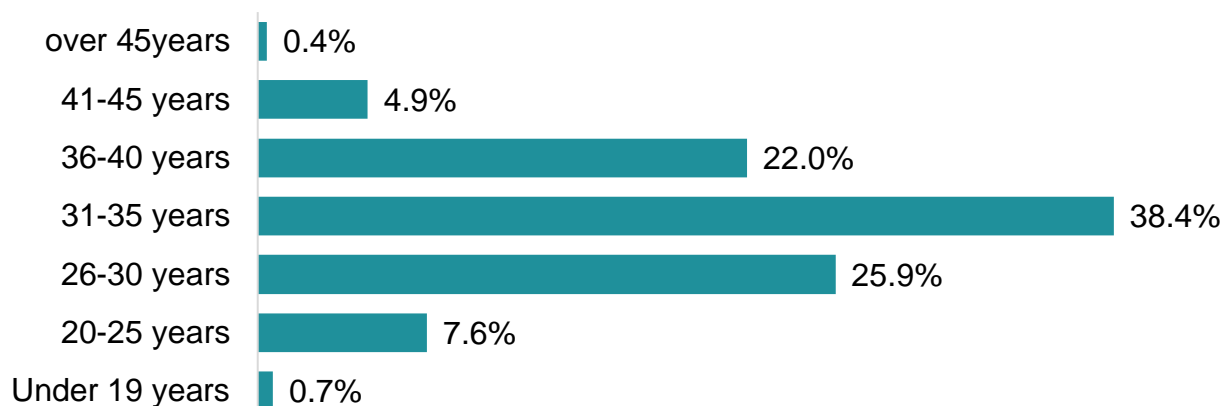
We saw 89% of responders share additional information on their ethnicity. This helps us better understand who we are reaching without messaging and where we may need to carry out further engagement activity to capture experiences from all our communities.



As can be seen in the above chart, 92% of respondents identified as white, with 8% sharing that they identified as other ethnicities, this is broadly in line with the population make up of NHS GGC. It should be noted that this make up may change based on new census information as it is released to organisations and the public.

Age range of respondents.

We also asked women to share their age range, with 91% of people sharing information on their age range. The majority of respondents were aged between 31-35 followed by 26-30. This is broadly in line with usage rates for maternity services, though cannot be directly compared due to different measures being used between data sets. This will be corrected in future surveys.



Response rates between language groups

When analysing responses we were able to extract responses received in each language. Across all languages other than English we saw a 11.1% response rate to the survey, with 30 people responding in English when offered other languages.

We saw the largest response rate amongst the Urdu and Polish speaking population (9.7%) with the lowest response rate being seen amongst the Romanian speaking population (4.7%). Arabic speakers showed a 6.7% response rate.

Language data was obtained from the Badgernet app, it should be noted that 30 people did complete the survey in English when offered the option of another language. There is no way to tell which language these women had selected as preferred on Badgernet.

Future surveys will look to expand our language offer, working with equalities colleagues to effectively reach our communities.

Potential Next Steps Consideration

This piece of engagement work resulted in 2889 women sharing their current and past experiences of maternity care. Key themes and learning identified from the experiences shared are outlined below alongside impacts and actions being taken forward by maternity services;

- Opportunity to further develop engagement through use of social media and text messages utilising our Equalities team to assist with translation.
- It was identified there is an opportunity to improve how NHSGGC captures maternity experiences on an ongoing basis, building off the learning from this engagement activity to develop a recurring feedback survey to be sent 6 monthly to women capturing experiences at different stages of their maternity experiences, not just on continuity of carer.
- Utilise future surveys as a recruitment and promotion method for the NHSGGC Maternity Voices Partnership

Continuity of Carer project actions influenced by findings from this engagement activity and ongoing staff engagement.

- Implement caseload holding model across GGC to facilitate CoC from the first booking appointment throughout pregnancy and the postnatal period.
- Providing midwives with their own clinic templates which reflect longer appointment times (1.5hr booking appointment, x9 30 minute return appointments) this will provide more time during appointments to discuss birth preferences or answer questions women may have.
- Review of midwives and obstetricians aligned to postcodes to enhance CoC by reducing caseload sizes to more manageable numbers.

ENDS