

## Summary of findings from Maternity NPfIT II meeting held on 17<sup>th</sup> May 2006.

### Summary of findings:

A meeting of stakeholders from around the UK was held at the Perinatal Institute in Birmingham on May 17<sup>th</sup> 2006. This meeting was a follow on meeting from a similar meeting in May 2005. The meeting was hosted by the Perinatal Institute in Birmingham and was co-organised by Adam Gornall with the Maternity DOAS team and Jason Gardosi, Director of the Institute. The meeting was sponsored by NHS CfH.

The meeting attracted a wide audience from the world of Maternity IT. The delegates included clinicians, IT managers, commercial suppliers as well as staff from NHS CfH and LSPs. The total number of delegates that attended was 65.

The programme commenced with an overview of the work being undertaken by the Maternity DOAS team. This was followed by a presentation around Maternity System functionality. Discussion centred on current legacy systems and how they currently function and are administered. Clarification of dataset nomenclature was also emphasized.

The second session contained a number of presentations around data collection and audit. Discussions following centred on how datasets will be managed centrally and how they will be updated. It was felt that this would be essential but they should also be able to change rapidly.

In the afternoon there was a chance to hear what was happening within each cluster with regard to implementation. The Southern Cluster presentation suggested there was much activity around development with a move towards implementation. The London Cluster also suggested that implementation was due to begin in the near future. Both presentations emphasized that they would be integrated systems that are being implemented rather than maternity systems as such. This would provide better connectivity. The presentation from the North West and West Midlands centred on the implementation of Evolution, the clusters interim maternity solution to be used prior to Lorenzo which is some way off. Delays for the implementation were explained by the fact that Evolution needs upgrading to make it clinically safe. Completion is expected in October 2006. The North East Cluster presentation suggested that there was minimal activity underway despite best efforts from clinicians. There was no presentation from the Eastern Cluster.

Finally there was a presentation on the future plans of NHS CfH and how issues would be progressed. Discussion after this presentation centred on maintaining work that is underway and how this can be coordinated.

A feedback questionnaire was distributed to all delegates and was completed at the time of the meeting and collected at the end of the day.

The 35 responses to the questionnaire have been analysed and can be summarised as follows. Delegates were asked the following questions.

- **What do you think about the National Programme to date?**

There were a significant number of delegates that were concerned about the slow progress of the National Programme with a suggestion that timescales have been optimistic and unrealistic. One delegate did however suggest that the delay may be advantageous in that it provided an opportunity for appropriate development. A number of delegates described the Programme to date as either confusing, providing them with no confidence it will deliver or they described it as broad-based and vague. The need for a dataset to underpin the Programme was suggested and it was felt that this would be good for standards development. There were also concerns that there would not be adequate resource for implementation once a suitable system was ready to implement.

- **What do you think CfH should focus on now?**

Develop a single solution for each cluster	23%
Develop a single solution for the NHS	57%
Develop a detailed Output Based Specification	26%
Develop standards for the commercial sector	23%

Some delegates replied with more than one answer.

For some it was felt it would take too long to develop a single solution so a cluster solution would be more practical. However for the majority a single solution for the NHS was the best step forward even if this meant taking longer.

For a quarter of the delegates it was felt that development of a detailed OBS would be the best way forward as the previous OBS was unsatisfactory but there were concerns this would impact on previously drawn up contracts.

For almost a quarter it was felt that commercial suppliers already working in maternity care could deliver a quicker cheaper solution.

The hope for a clinical solution rather than a data collection tool for use outside the clinical setting were expressed.

- **Re. interim solutions for maternity: do you think CfH should:**

Not worry about interim, focus on the long term	23%
Develop an urgent, single solution	26%

Test what's out there already and promote the best 49%  
Develop standards for the commercial sector 11%

- **How is the level of organization in the maternity stream in your cluster?**

A small proportion of delegates felt that the organization ranged from excellent to satisfactory. However a much larger proportion either did not know how it was organised, or felt it was poor or non-existent. They felt under-represented within cluster.

- **How do you think your unit / region / cluster could best be represented nationally?**

The most common suggestion was to promote a single central team within a national network. DOAS was quoted as a good model to sit within the network. It was proposed that each unit would then have representation within their region that would link with each cluster and then link centrally. This would allow local needs to be fed in as well as using expertise from all units. It was suggested the representation should be clinical.

- **What else could / should CfH do now?**

This question provoked a variety of responses as expected. However there were a number of common themes. It was suggested that clinical involvement and listening to those already involved in maternity IT was important. Communication and raising awareness were also felt to be important with suggestions that the development of a network would help. An urgent review of the requirements with appropriate setting of standards for data was felt to be important by some. There were concerns that software that had not been fully developed was going to be forced upon units. They were prepared to wait for a fully developed solution.

Delegates from all areas of Maternity IT both professionally and geographically were represented at the meeting.

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