

Best Practice Process Design

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Best Practice – Maternity

- The Scope
- The process
- Key Milestones
- Next Steps

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Maternity Core Team

Sally Wiltshire, NHS CfH Application Analyst (former Midwife)

Suzanne Easton, NHS CfH Application Analyst (Midwife)

Greg Payne, CCA Project Lead

Susan Crook, IDX Implementation Consultant (former Midwife)

Pam Connolly, FJA Healthcare Consultant (former Midwife/ Nurse)

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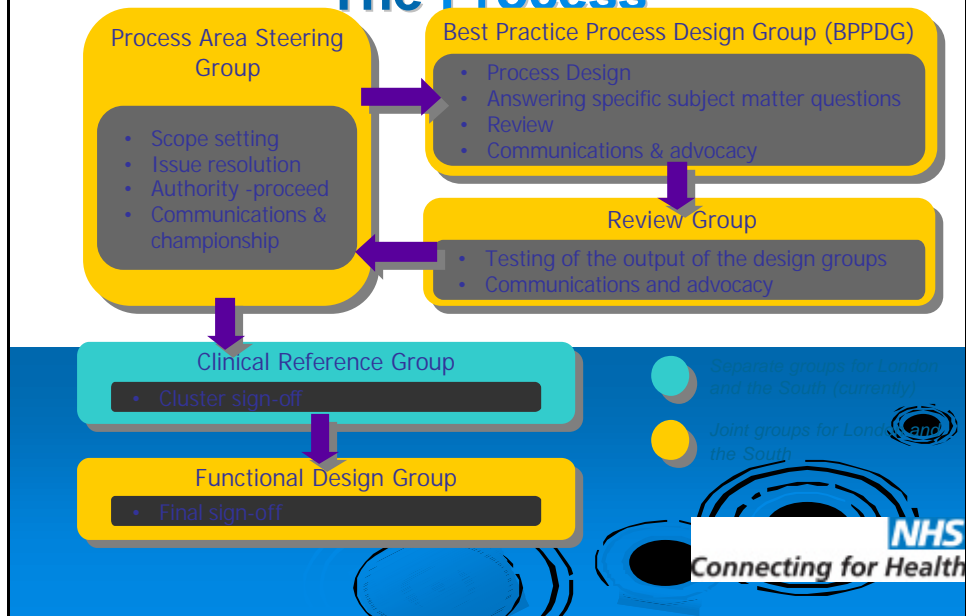
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The Scope

- Best Practice for Maternity:
- embraces the journey from confirmation of pregnancy to postnatal care.
- Includes 'Touch points' with other work streams

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The Process



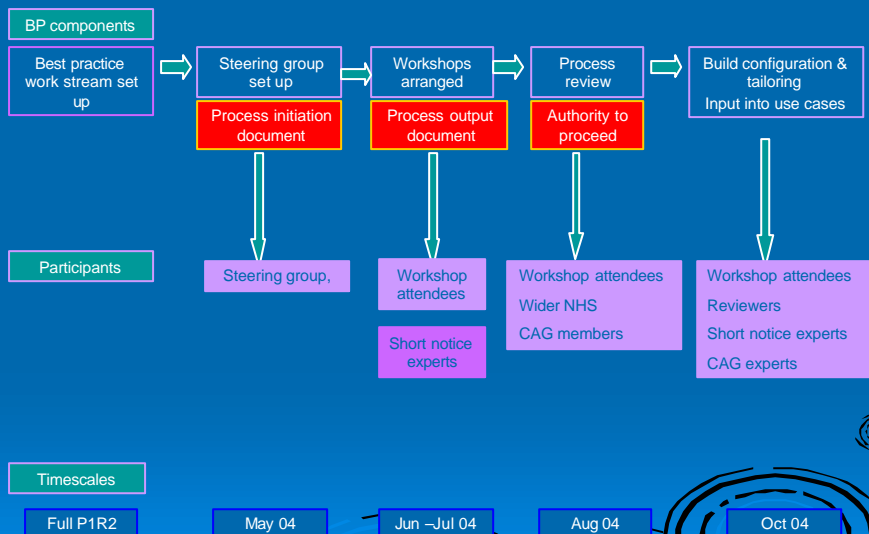
Key Milestones

- Steering Group established May 2004.
- High level Mapping workshops Jun 2004
- Process Documents produced
- Review Process completed Aug 2004
- Commencement of configuration Oct 2004

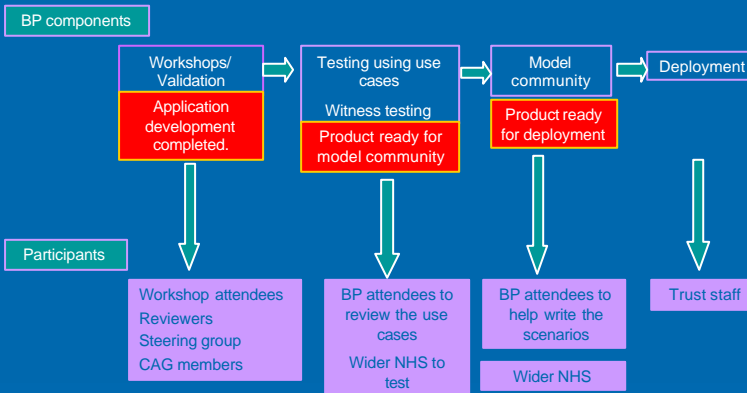
Next Steps

- Continue to expand engagement with colleagues across NHS.
- Lower level process mapping to show interactions with CRS
- Working with Child Health, Critical Care and the London Neonatal Specialist Commissioning Group to capture the Neonatal process. Focus workshops tbc.
- Support iP1R2 workstreams i.e. Care Management, Assessments
- Support to UCLH 'go-live' with Carecast

Best practice stages and timetable



Best practice stages, participants required



Best Practice Process Design - Screening

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Prevention and Screening

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Prevention and Screening Core Team

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Shapour Hariri, NHS CfH Application Analyst

Rosemary Perrie, NHS CfH Application Analyst

John Walsh, CCA Project Lead

Kate Earnshaw, IDX Implementation Consultant

Megan Metcalf, FJA Healthcare Consultant

Diane Brook, CCA Requirements Lead

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Scope

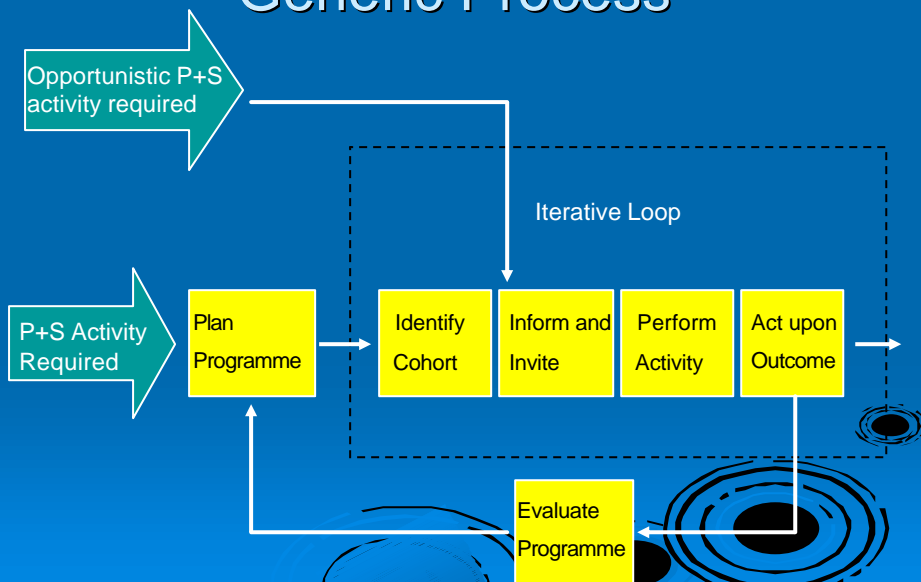
- To describe how Prevention and Screening activities are executed and coordinated
- A generic approach
- Configuration: 120 activities identified
 - 28 during pregnancy
 - 11 on the newborn baby
- Includes touchpoints with other workstreams

Key Milestones

- High level Mapping workshops Aug - Sept 2004
- Process Documents produced Oct 2004
- Review Process completed November 2004
- Documents signed-off December 2004
- Sign-off from national screening programme directors Jan 2005
- Configuration began 2004 and is ongoing...

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Generic Process



Screening and Maternity

- 28 'routine' P+S activities performed on mother and fetus
- 3 national screening programmes
 - Down's
 - Sickle Cell and Thalassaemia
 - Fetal Anomaly Ultrasound Screening
- Incorporated into an 'Integrated Pathway of Care' for all pregnant mothers
- Linked seamlessly into a newborn and child pathway?

A National Approach to Screening

- Necessary to ensure national evaluation and quality control
- Joined-up approach necessary to ensure individuals are not missed
- Acceptance of Best Practice Nationally
- Working closely with existing and emerging DOS groups, LSPs and the national team