The way that services are commissioned in England has changed and there is an opportunity for midwives to get more involved, as Diane Jones explains.

Making the midwifery voice heard

The new NHS structures in England came into being in April 2013. Midwives who have an interest in influencing how services are commissioned need to understand who does what and how they can get involved. Most midwives will be aware that the new clinical commissioning groups (CCGs) now have the responsibility for commissioning on behalf of their local population, but other organisations also have a role.

Regardless of where they are, commissioners require a certain level of knowledge and expertise to commission effectively. Midwives can help them access this experience to enable them to commission high-quality services and, at the same time, get a greater voice for the midwifery profession.

A changing horizon

Before April 2013, primary care trusts (PCTs) held the budget for both primary and secondary care, community and acute services. This included private hospitals, as well as those in the NHS and ex-NHS community care, alongside private or third-sector community care. Now PCTs have been abolished and CCGs are in charge. Their commissioning landscape covers all the same elements that the PCTs did, including maternity services.

But not all maternity services come through CCGs and it is important to know where other aspects of maternity are commissioned. The aim is to find out who the key people are in CCGs and elsewhere with whom to engage, so that the midwifery voice is heard and reflected in service specifications.

The three bodies involved in commissioning maternity services are: the local authority, NHS England and CCGs. The local authority is responsible for public health, which includes antenatal screening, the child death overview panel and the deprivation of liberty safeguards. In addition, since April 2014, health visiting comes under the auspices of the local authority having previously been covered by NHS England.

NHS England covers general practice and other primary care functions, such as dentistry, ophthalmology and pharmacy. And CCGs cover mental health and other maternity services in acute care and community care, with the exception of screening.

A CCG is generally made up of a collection of GPs. They are appointed as clinical directors and, from their number, they elect a chair and vice chair. Each clinical director will have a special interest or particular experience of a clinical area for which they will take the lead at the CCG. At least one of them will be the lead for maternity. In addition, a CCG will have a nurse executive, as well as an accountable officer, chief finance officer and a chief operating officer, as a minimum requirement.

Making the commissioning case

Obviously, it is important to make a compelling case to commissioners. Any...
To be as influential as possible, understand the design of your local CCG. Find out which clinical director is the maternity lead and who has the role of nurse director. Also, it may be useful to find out if there is a quality lead, because in some CCGs they are separate posts. It is important to understand the wider commissioning landscape in the health and social care setup and look into how your organisation engages with the CCG and local authority.

As midwifery leaders, you need to influence what commissioner’s commission by being the voice for maternity services. Challenge the current commissioned services, and be prepared to make difficult decisions in order to make that difference for women and babies.

Commissioners value clinical input, so get involved. It is a great opportunity for learning and, who knows, it could be your next career move?

Diane Jones
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