

## Health Consumers Queensland submission

# Consultation Draft: National Framework for Maternity Services (NFMS)

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## About us

Health Consumers Queensland is the peak organisation representing the interests of health consumers and carers in the state. Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity and we believe in improving health outcomes for people in Queensland.

*Consumers are people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organizations of consumers, consumer representatives or communities.*

Our priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. We achieve this through our Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system.

*Consumer engagement is when health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.*

### OUR MISSION

Health Consumers Queensland empowers Queensland consumers to lead and drive better health outcomes.

### OUR GUIDING PRINCIPLES:

Health Consumers Queensland is committed to:

- Influencing individual and system change in health services through ensuring the consumer perspective is central in the planning, design, delivery, monitoring and evaluation at all levels.
- Partnerships and collaboration with organisations, service providers and stakeholders.
- Quality, safe, affordable, timely and accessible services that deliver the right care, at the right time and the right place.

### DIVERSITY

All people have a right to affordable and accessible health services that meet all of their physical, social, emotional and cultural preferences.

Health Consumers Queensland focus on increasing the voices of vulnerable population groups and assist them to understand how they can have a voice in developing health services. With access and equity in mind, we partner with people and organisations with a focus on the following:

- Culturally and linguistically diverse (CALD)
- Physical and intellectual disability
- Lived mental health experience
- Socially and geographically isolated
- Socioeconomically disadvantaged

Health Consumers Queensland welcomes the continuation of a national strategic focus on maternity services and the opportunity to provide our feedback on the draft National Framework for Maternity Services (NFMS).

### **Background: maternity consumers driving transformation of services in Australia**

Many reforms to the delivery of maternity services in Australia - partners being present at the birth of their child, babies remaining with their mother rather than being taken to a nursery and the use of pools during labour and birth to name a few - can be traced back to women organising for change. Indeed, improvements to maternity access and care options is not isolated to Australia but part of a world-wide movement. It should be recognised that maternity services in Australia can be viewed as an outlier in terms of consumer-driven health care reforms; this commitment by women and community organisations to strengthening women's choices and control is as a key enabler for change (and a predictor of success to reform work).

In 2002 consumers partnered with midwives to write the National Maternity Action Plan (NMAP), as a strategy for comprehensive implementation of community midwifery services in both urban and regional/rural Australia. Widespread community, professional and political support for NMAP was secured which led to reviews of maternity services including the Queensland Maternity Services Review (2005) and the National Maternity Review (2009) and its ensuing work including Medicare access for midwifery services and addressing indemnity issues for midwives and prescribing. In 2009/10 there were a number of Senate inquiries into specific aspects of maternity reform and each received an overwhelming number of submissions from women and maternity consumer groups – demonstrating the strong involvement of women in determining the shape and access of services. These reviews and the creation of the National Maternity Services Plan (2010) were strongly informed by the voices of mothers and their families.

### **Implementation of the Plan: opportunities and challenges**

Despite the absence of states and territories needing to publicly report on targets and timelines for the development of new models, consumers report that the Plan did deliver reform of maternity services for some – new midwifery group practices, birth centres and public homebirth schemes were developed. It is important to note that development of new models was not consistent across

local health services. Further, despite Medicare reform, visiting rights in public hospitals for midwives in private practice was largely limited to Queensland only.

The creation of the National Framework for Maternity Services (NFMS) must learn from the opportunities both lost and gained through implementation of the Plan.

### **Listening to women: Shared vision with consumers at the centre**

Despite the challenges in implementation, one of the strengths of the National Maternity Services Plan was the opportunity for key stakeholders to meet frequently and develop a shared vision. So too must women, their families and consumer organisations be meaningfully involved in the co-design of the NFMS. This is reflected in the draft NFMS:

*Engaging women and communities in design and delivery of maternity care services is an important mechanism to support the development of collaborative approaches within and across sectors (p.30).*

*Health practitioners, service providers, research institutes, technology firms, potentially entrepreneurs and women can partner in the design of service solutions to ensure the needs of women and organisations are met (p.30).*

If the NFMS is approved by Health Ministers, then women also need to be centrally involved at a national and state/territory level in the creation of state/territory based plans, implementation, monitoring and evaluation of the NFMS. Thought must be given to ensure there is a richness and depth of those women's voices – including maternity consumer groups (both locally-based and national), bereaved families, women from diverse backgrounds including Aboriginal and Torres Strait Islander women (and their communities), culturally and linguistically diverse women, women with a lived mental health and/or cognitive impairment, women living with intimate partner violence, and women living with disabilities. Women living in rural and remote communities need to have an effective voice and the voice of often marginalised and vulnerable women needs to be heard.

### **Vision, Values & Principles**

In principle we support the vision, values and strong set of principles contained in the draft NFMS. It is imperative that there is widespread support for these amongst key stakeholders and those

responsible for implementation. In particular, thought could be considered as to how services (and indeed individual practitioners) assess if they are providing care according to the principles. How does a clinician/service know they are being woman-centred?

We believe there is benefit in articulating in the Principles that access to models of care including continuity of midwifery carer be equitable across jurisdictions:

*Continuity of care has been identified as an important feature of maternity care for women and particularly beneficial for vulnerable women (p. 32).*

We see value in placing women, families, service providers and models of care in an additional strata at the bottom of the diagram on page 7, to represent they are the bedrock of the maternity system.

#### **How will we know if we are making a difference? Listen to women and their families**

In addition to the quality measures mentioned in the NFMS, we recommend national uptake of the ICHOM measures, ensuring that women's experiences are captured and enacted. This could be extended to understanding if they experienced care that reflects the vision, values and principles of the NFMS.