

Commissioning for Patient Experience
**Improving maternal mental health
services in Coventry and Warwickshire**

Jo Dillon – Transformation Partner
NHS Arden & GEM CSU **@ardengem**

Jacqueline Barnes – Chief Nurse
Coventry and Rugby CCG **@CovRugbyCCG**



Background

- A review of local maternal mental health services following a serious case review
- Maternal mental health services across Coventry and Warwickshire were inequitable
- Coventry & Rugby CCG, Warwickshire North CCG and South Warwickshire CCG recognised this and agreed to invest in a new pathway and model of care
- The local providers, Coventry and Warwickshire Partnership NHS Trust and South Warwickshire Foundation NHS Trust were key to developing a virtual countywide service
- We set out to deliver significant benefits for the safety and wellbeing of women and children, improving future life chances



Importance of maternal mental health

- Perinatal mental illness (anxiety, depression, trauma, loss and psychotic disorders) affects 10% of women
 - Increases likelihood that children will fail to reach their potential
 - Costs £8.1 billion annually – Maternal Mental Health Alliance
- This can be prevented through early identification and expert management
 - Effective prevention, detection and treatment have a positive impact on the lives of families
 - Universal services have an important role to play

How it felt for women...



Perinatal psychiatrists take the responsibility of working with women with severe and enduring mental health problems such as schizophrenia or bipolar disorder, as well as managing significant perinatal issues such as puerperal psychosis.



Jane's
Story

Existing evidence, directions and guidelines are clear that woman who are psychotic must be under the care of a qualified perinatal psychiatrist as general adult psychiatrists lack the experience to work with perinatal women and their rapidly changing presentations.

What we wanted to achieve



A pathway and service specification that met with national recommendations and best practice



Cover pre pregnancy, during pregnancy, labour and delivery, postnatal care, tertiary services, OOH advice and support, access to assessments and treatment



A team including specialist perinatal psychiatrists, psychologists and community psychiatric nurses



Clinician and patient involvement at every opportunity

How we did it

Partnership working

- Bringing together CCGs, Trusts, NHSE, PH and LAs
- Early engagement
- Good communication

Focus on experience

- Patient experience at the centre
- Ongoing assessment of patient satisfaction
- Gathering of qualitative information

Creative thinking

- Creativity in implementation
- Building on existing services
- Crossing virtual boundaries

What we've achieved so far

Between January and November 2015 a new pathway has been put in place, recruitment to the specialist team has been completed, the new service has been officially launched and we have already received national interest in the model.

- Team includes experienced clinical perinatal psychologists
- Specialist perinatal Community Psychiatric Nurse (CPN) staff members are in post, providing home-based support and care
- Training for other professionals
- Immediate impact on number of referrals accepted
- Positive patient feedback

How it feels for women now...

“Thank you so much for the excellent care and treatment you gave me for my PTSD. My world was turned upside down, but thanks to you, I feel that I have my life back now. I’m thrilled that I was able to have another baby and feel truly happy again. Without your support this would have been impossible. You really are a life-saver.”

“I can’t ever thank you enough for all you did this week. You saved me from going back into a dark hole I really didn’t want to be in. My children are the world to me and now we can get on with enjoying life together as an even bigger family! I will always remember your kindness.”

The next steps

- Consistent recognition of mental health illness by all professionals
- Continue building strong links with other services
- Shared clinical leadership
- Ongoing assessments of patient satisfaction
- Annual service evaluation
- Considering the whole family dynamic
- Effective transition to universal services



Thank you for listening
Any questions?