

Maternity care pathway reports: antenatal care



Survey of women's experiences of maternity services 2013
University Hospital Southampton NHS Foundation Trust

The national survey of women's experiences of maternity services 2013 was designed, developed and co-ordinated by the Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.



Making patients' views count

National NHS patient survey programme

Survey of women's experiences of maternity services 2013

CQC Maternity care pathway reports: antenatal care

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

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To improve the quality of services that the NHS delivers, it is important to understand what service users think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

Information drawn from the questions in the maternity survey will be considered by the Care Quality Commission (CQC) as part of its new Hospital Intelligent Monitoring. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform the quality and governance assessment as part of their Oversight Model for NHS Trusts.

The 2013 survey of women's experiences of maternity services involved 137 NHS acute trusts in England. We received responses from more than 23,000 service users, a response rate of 46%. Women were eligible for the survey if they had a live birth during February 2013¹, were aged 16 years or older, gave birth in a hospital, birth centre, maternity unit, or who had a home birth. NHS Trusts in England took part in the survey if they had a sufficient number of eligible women that give birth at their NHS trust during the sampling time frame.

Similar surveys of maternity services were carried out in 2010 and 2007. They are part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, outpatient, and A&E services, ambulances, and community mental health services. To find out more about our programme and the results from previous surveys, please see the links in the further information section.

This report contains the benchmarked results for this and 92 other trusts for the antenatal care section of the questionnaire. When answering questions in the survey about labour and birth, we can be confident that in all cases women were referring to the acute trust from which they were sampled from. Hence it is possible to compare the results for labour and birth across all 137 NHS trusts that took part in the survey. The survey also asked women about their experiences of antenatal and postnatal care, to cover the entire pregnancy and birth for completeness. However, some women who gave birth at an acute trust may not have received their antenatal and postnatal care from that same trust. This could be due to one of several reasons, such as: having moved home, having to travel for more specialist care, or due to variation in the provision of services across the country.

For this survey, we asked trusts to complete an additional piece of work to identify which of the

¹Some trusts with a small number of women delivering in February would have also included women who gave birth in January 2013, one NHS trust included women who gave birth in March. For further details on women excluded from the survey, please see the survey guidance manual at: <http://www.nhssurveys.org/survey/1250>

women in their sample were likely to have also received their antenatal care from the same trust at which they gave birth, and 93 trusts that took part in the survey were able to do this. The aim was to help trusts to gain the insight to improve services, by improving the accuracy when attributing survey responses to the care provider.

The trusts that completed the exercise used location information of respondents to identify which women were resident within their boundaries, and responses from those women were used to calculate scores for the antenatal and postnatal survey data for each trust. The scores for antenatal care relating to the 93 trusts have been provided in this report and in a separate postnatal care report (86 trusts were able to provide information for postnatal care). The data cannot be considered as statistically robust as the data for labour and birth, for several reasons:

1. Although the value of the data is improved when looking at individual trust performance, due to the more accurate attribution of responses to provider, the lack of complete coverage across all trusts means that we cannot fairly say that one trust is 'better' or 'worse' than all others. Hence trusts are only identified as being 'better' or 'worse' within the subset of trusts that completed the attribution exercise. We cannot say that the subset of trusts is representative of all trusts, and so it is not a true benchmark for performance across England.
2. The attribution was based on the location of respondents. There was no means available to identify women who had received care from a different provider for other reasons, such as due to requiring specialist care, or having moved house during pregnancy. So although the attribution exercise improved the data to a considerable degree, it may remain that some respondents are included in the data despite having received care from another trust.
3. The NHS trusts completed the attribution themselves, and due to the limitations of the process the co-ordination centre were unable to verify the accuracy of the exercise. This means we cannot be certain about the reliability of the attribution of the data.

The antenatal and postnatal survey data from the trusts that completed the attribution exercise will be shared with those trusts. The data will be considered by the Care Quality Commission (CQC) to inform its Intelligent Monitoring and will be shared with CQC inspectors. The reports will be published on the NHS Surveys website, but should be viewed with caution for the reasons described above.

Interpreting the report

This report shows how a trust scored for each question in the antenatal care section of the survey, compared with the range of results from 92 other trusts. It is designed to help understand the performance of individual trusts and to identify areas for improvement.

A 'section' score is also provided, labelled S1 and S2 in the 'section scores' on page 5. The scores for each question are grouped according to the relevant sections of the questionnaire, which are 'The start of care in pregnancy' and 'Antenatal check-ups'.

Standardisation

Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because whether a woman has given birth previously (parity) could influence their experiences and could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity and age of respondent, to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey). It therefore enables a more fair comparison of results from trusts with different profiles of maternity service users.

Scoring

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response. Therefore, the higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions within the questionnaire; this is because not all of the questions assess the trusts in any way.

Graphs

The graphs in this report display the range of scores achieved by the subset of trusts that completed the attribution exercise, from the lowest score achieved (left hand side) to the highest score achieved (right hand side).

The black diamond shows the score for your trust. The black diamond (score) is not shown for questions answered by fewer than 30 people because the uncertainty around the result would be too great. The trust will also not have a section score for the corresponding section; this is because the section data is not comparable with other trusts, as it is made up of fewer questions.

The graph is divided into three sections:

- If your trust score lies in the orange section of the graph, your trust result is 'about the same' as most other trusts in the survey.
- If your trust score lies in the red section of the graph, your trust result is 'worse' compared with most other trusts in the survey.
- If your trust score lies in the green section of the graph, your trust result is 'better' compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse' compared with most other trusts included in this analysis. If there is no text here then your trust is 'about the same'.

You may find that there is no red area, and/or no green area in the charts shown for some questions. This can occur in the analysis of the data and is an acceptable consequence of the statistical technique that is used. The size of the orange area is constructed by considering how different all trust scores are across the range, as well as the confidence we can have in that particular trust's score (by looking at the number of respondents to that question). In some cases, this will lead to such a wide margin of error that the 'expected range' (the orange section) will be very wide, and therefore will also cover the highest or lowest scoring trusts for that question.

Methodology

The categories described above are based on a statistic called the 'expected range' which is uniquely calculated for each trust for each question. This is the range within which we would expect a particular trust to score if it performed 'about the same' as most other trusts in the survey. The range takes into account the number of respondents from each trust as well as the scores for all other trusts. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, this is likely to be a true reflection of all service users that have visited the trust, rather than being unique to those who responded to the survey.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (see further information section below).

Tables

At the end of the report you will find tables containing the data used to create the graphs.

Please note that comparative data is not shown because it is not possible to tell from the 2010 survey data which women received their antenatal care from the same trust at which they gave birth.

Further information

The full national results for the 2013 survey are on the CQC website, including the reports for all NHS trusts for the 'labour and birth' section of the questionnaire, and the technical document outlining the methodology and the scoring applied to each question:

www.cqc.org.uk/PatientSurveyMaternity2013

This report and the equivalent reports for postnatal care are available on the NHS surveys website, along with more detail on the attribution exercise:

www.nhssurveys.org

The results for the 2007 and 2010 surveys can be found on the NHS surveys website at:

www.nhssurveys.org/surveys/299

Full details of the methodology for the survey can be found at:

www.nhssurveys.org/survey/1250

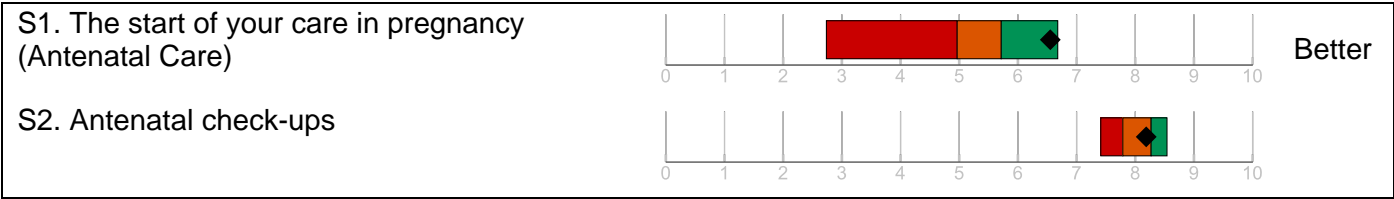
More information on the programme of NHS patient surveys is available at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

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Section scores

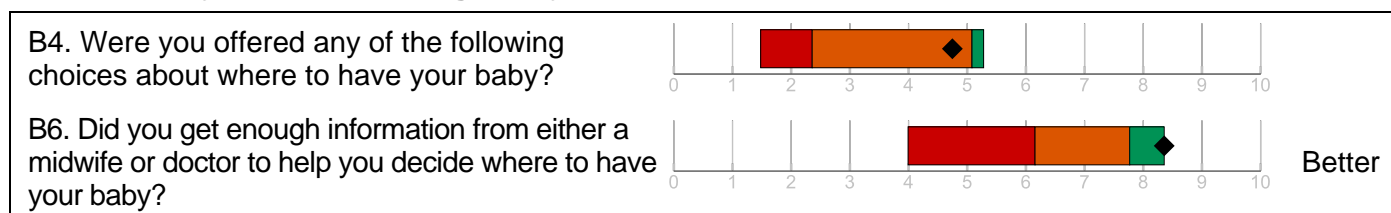


■	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
■	About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
■	Worst performing trusts		

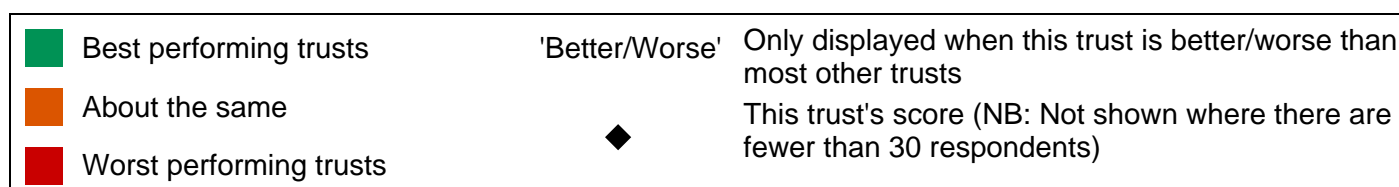
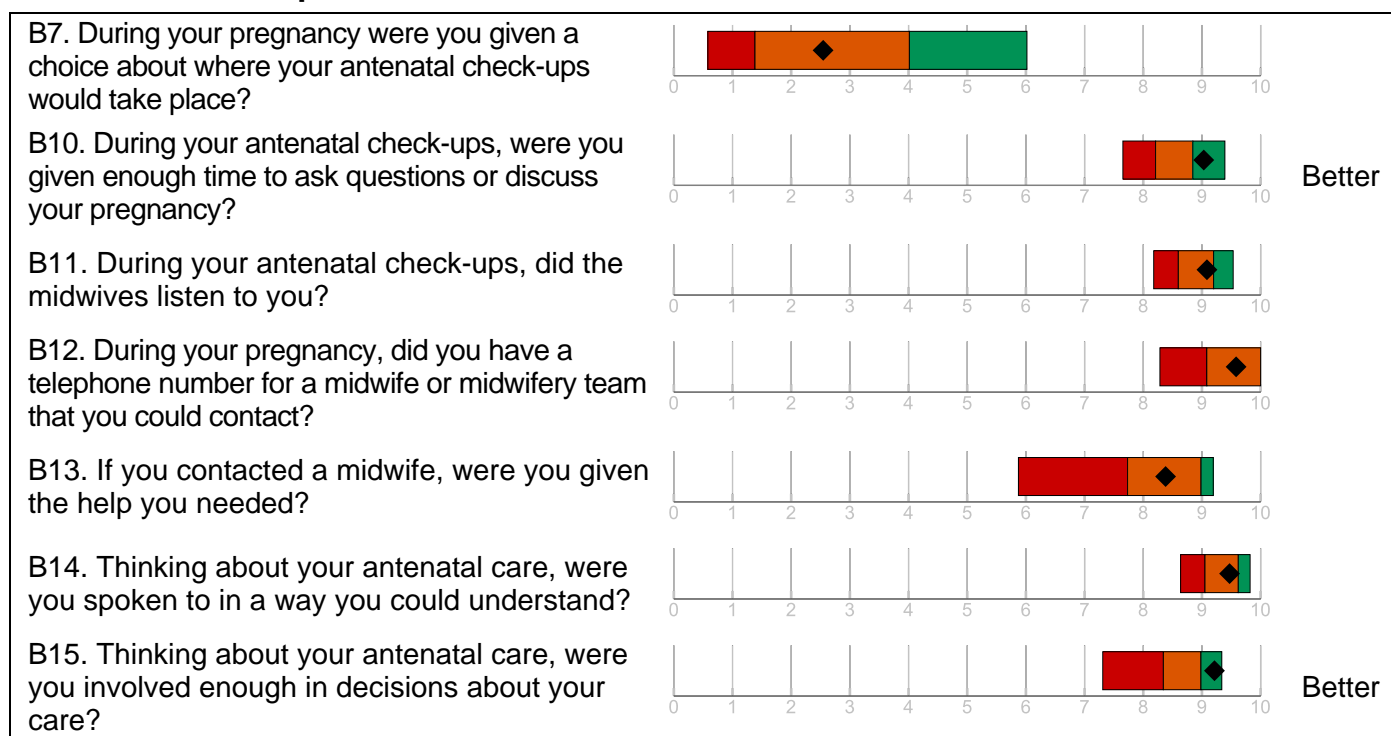
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The start of your care in pregnancy (Antenatal Care)



Antenatal check-ups



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		Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)
The start of your care in pregnancy (Antenatal Care)					
S1	Section score	6.6	2.7	6.7	
B4	Were you offered any of the following choices about where to have your baby?	4.7	1.5	5.3	134
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	8.4	4.0	8.4	134
Antenatal check-ups					
S2	Section score	8.2	7.4	8.5	
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	2.5	0.6	6.0	158
B10	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	9.0	7.7	9.4	167
B11	During your antenatal check-ups, did the midwives listen to you?	9.1	8.2	9.5	167
B12	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	9.6	8.3	10.0	166
B13	If you contacted a midwife, were you given the help you needed?	8.4	5.9	9.2	141
B14	Thinking about your antenatal care, were you spoken to in a way you could understand?	9.5	8.6	9.8	167
B15	Thinking about your antenatal care, were you involved enough in decisions about your care?	9.2	7.3	9.3	166